

Employee Declaration Form for COVID-19 Health Status

The **Employee declaration form** for COVID-19 health status helps organizations monitor and manage workplace safety by collecting vital health information from employees. This form ensures early identification of potential symptoms or exposure risks, promoting a safer work environment. Completing this declaration is crucial for preventing the spread of COVID-19 within the workplace.

Employee Name:

Employee ID / Department:

Date:

Health Status

In the past 14 days, have you experienced any of the following symptoms? (Select all that apply):

Fever

Cough

Shortness of breath

Sore throat

None of the above

Have you been in close physical contact with anyone who has tested positive for COVID-19 in the past 14 days?

-- Please select --



Have you traveled internationally in the last 14 days?

-- Please select --



Other comments/health concerns:

Declaration & Signature

By submitting this form, I declare that the above information is accurate to the best of my knowledge. I understand that providing false information may result in disciplinary action according to company policy.

Employee Signature (Type Full Name):

Date of Submission:

Submit Declaration