

Work Declaration Form for COVID-19 Health Protocols

This **work declaration form** sample is designed to ensure compliance with COVID-19 health protocols by collecting essential health and travel information from employees. It helps workplaces monitor potential exposure risks and maintain a safe environment. Using this form promotes accountability and supports public health measures efficiently.

Full Name:

Department/Unit:

Date:

Health Status (in the past 14 days):

- Fever
- Cough
- Shortness of breath
- Sore throat
- None of the above

Travel & Exposure History

- Have you traveled internationally in the past 14 days?
- Have you traveled domestically outside your area in the past 14 days?
- Have you had close contact with a confirmed COVID-19 case in the past 14 days?
- None of the above

Other relevant information:

I hereby declare that the information provided above is accurate and true to the best of my knowledge. I understand that withholding or misrepresenting information may affect workplace health and safety measures.

Submit Declaration