

## 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