

COVID-19 Declaration Form Sample for Employees

The **COVID-19 declaration form** sample for employees is designed to help organizations efficiently collect health and travel information to ensure workplace safety. This form aids in monitoring potential exposure and maintaining compliance with health regulations. Utilizing a standardized declaration form supports proactive measures to prevent the spread of COVID-19 within the office environment.

Employee Information

Full Name:

Employee ID:

Department:

Contact Number:

Health Declaration

In the past 14 days, have you experienced any of the following symptoms?

- ☐ Fever
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Loss of Taste or Smell
- ☐ None of the Above

Travel & Exposure Declaration

Have you traveled internationally in the last 14 days?

☐ Yes ☐ No

Have you had close contact with a confirmed COVID-19 case in the last 14 days?

☐ Yes ☐ No

Certification & Signature

I certify that the information provided above is accurate and complete to the best of my knowledge.

Signature:

Date:

Submit Declaration