

Covid-19 Health Declaration Form

The **Covid-19 health declaration form** for employees returning to work is a crucial tool to ensure workplace safety by assessing health risks and recent exposure. This form helps employers monitor and prevent the spread of the virus by collecting vital health information before employees resume their duties. Implementing this measure supports compliance with health guidelines and promotes a safer work environment.

Employee Information

Full Name:

Employee ID:

Department/Team:

Email Address:

Date:

Health Screening Questions

Have you experienced any of the following symptoms in the past 14 days?

☐

Fever

☐

Cough

☐

Shortness of Breath

☐

Sore Throat

☐

None of the above

Have you tested positive for Covid-19 within the last 14 days?

☐

Yes

☐

No

Have you been in close contact with anyone confirmed or suspected of having Covid-19 in the last 14 days?

☐

Yes

☐

No

Have you traveled internationally in the last 14 days?

☐

Yes

☐

No

I declare that the information I have provided is true and complete to the best of my knowledge. I understand that providing false or misleading information may have consequences as per company policy.

Submit Declaration