

Employee Health Declaration Form

The **Employee Health Declaration Form** sample ensures workplace safety by collecting vital health information from staff. It helps monitor symptoms and potential exposure to illnesses, promoting a healthy work environment. Implementing this form supports compliance with health regulations and safeguards employee well-being.

Personal Information

Full Name:

Employee ID:

Department:

Date:

Health Declaration

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

- ☐ Fever
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Sore Throat
- ☐ None of the above

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

☐ Yes ☐ No

Have you traveled internationally in the last 14 days?

☐ Yes ☐ No

Declaration

I hereby declare that the information above is true and correct to the best of my knowledge. I understand that providing false information may have disciplinary consequences.

Signature:

Date:

Submit