

# Work from Home Health Condition Declaration Form

This **Work from Home Health Condition Declaration Form** sample helps employers assess the well-being of remote employees. It ensures accurate reporting of health status to maintain a safe and productive work environment. Use this template to streamline health-related communications in a remote work setting.

## Employee Information

Full Name:

Employee ID:

Department:

Supervisor:

## Health Declaration

Are you currently experiencing any symptoms of illness (e.g., fever, cough, difficulty breathing)?

☐ Yes ☐ No

If yes, please describe your symptoms:

Have you tested positive for any contagious illness in the past 14 days?

☐ Yes ☐ No

Are you able to perform your work duties from home without health-related limitations?

☐ Yes ☐ No

## Additional Comments

Please share any other relevant health-related information or concerns:

☐ I declare that the information provided is accurate to the best of my knowledge.

Date:

Submit