|  |  |
| --- | --- |
| **Employee Declaration Form**  | **Date:** |
| Employee Full Name |
| Date of Birth |
| Address  |
| Telephone Number |
| Email Address |
| Work Location/Zone |
| Start Time (hh:mm on 24 hour clock) |
| End Time (hh:mm on 24 hour clock) |
| Close Contacts – Record the full names of all colleagues that were within 1.5m of you, for greater than 2 hours **today (total cumulative time),** including during breaks/mealtimes, and at beginning/end of shifts |
|  |
| Close Contacts – Record the full names of all colleagues you had face-to-face contact with for 15 minutes or greater **today,** including during breaks/mealtimes, and at beginning/end of shifts |
| Shared Travel – Record the full names of all colleagues you shared a vehicle with at any point **today** |
| **is collecting this information to help ensure your health and safety in the workplace given the current outbreak of COVID-19.**I acknowledge that the above information is correct and undertake to inform of the following:• Any personal travel plans, including actual locations visited• Of contact with any individual who is diagnosed with COVID-19• If I am diagnosed with COVID-19• If I have visited a known outbreak hotspot• Any other relevant information regarding potential exposure to COVID-19. |
| **Employee Signature**  | **Date** |
| **Supervisor Signature** | **Date** |