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| **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** |