**Staff Declaration**

[To be used for workers employed or contracted by the provider]

I, …………………………………………………………………………………………………………………………..…………….. *(Full name)*

Of……………………………………………………..………………………………………………….……….……………………….. *(Address)*

Declare the following to be true on this ……..…………………………………………..……..………………..*(Today’s date)*

My temperature has been tested on entry and reads ……………..………….... *(Current temperature reading)*

I do not have a sore throat  *(please tick if true)*

I do not have a runny nose  *(please tick if true)*

I do not have a cough  *(please tick if true)*

I do not have chills or sweats  *(please tick if true)*

I do not have loss or change in sense of taste  *(please tick if true)*

I do not have loss or change in sense of smell  *(please tick if true)*

I do not have shortness of breath  *(please tick if true)*

I am feeling well  *(please tick if true)*

In the last 14 days, I have only worked at this location (  *(please tick if true) OR*

I have worked at the following sites on the following dates:

…………………………………………………………………………………………………………………………

In the last 14 days, I have not been in contact with a confirmed case of COVID 19 (except in the course of my employment while wearing the appropriate level of PPE)  *(please tick if true)*

I am not currently required to self-isolate or self-quarantine  *(please tick if true)*

I will wear appropriate PPE at all times  *(please tick if true)*

I will perform hand hygiene at appropriate times  *(please tick if true)*

***Penalties apply for providing false information. If you have any symptoms, however mild, you must get tested and isolate until your test results are known.***

I was last tested for COVID19 on*………..…………………….. (Date of last test)………………………..(Result of test)*

Signed by visitor or staff member ………………………………………………………….…………………………………….

Temperature taken by………………………………….………………………….……………………….*(Name of staff member)*