

Employee Health and Hygiene Declaration

Employee Name:

Position/Department:

Date:

Health Declaration

In the past 14 days, have you experienced any of the following symptoms? (Check all that apply)

- Fever
- Cough
- Sore throat
- None of the above

Hygiene Commitment

- I commit to regular hand washing and maintaining personal hygiene at all times.
- I will wear the recommended personal protective equipment (PPE) as required.

Employee Signature:

Submit Declaration