

# 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