

COVID-19 Declaration Statement for Delivery Personnel

Full Name:

Company/Service Name:

Contact Number:

I, the undersigned, declare that:

- ☐ I do not currently have any symptoms of COVID-19, such as fever, cough, or shortness of breath.
- ☐ I have not been in close contact with a confirmed COVID-19 case in the past 14 days.
- ☐ I have not traveled to restricted or high-risk areas in the past 14 days.
- ☐ I agree to follow all recommended hygiene and safety protocols during deliveries.

Signature:

Date: