

# COVID-19 Health Clearance Form for Construction Sites

## Personal Details

Full Name

Employee/ID Number

Construction Site/Project

Date

## Health Screening

- ☐ Fever or chills
- ☐ Cough
- ☐ Shortness of breath or difficulty breathing
- ☐ Fatigue
- ☐ Muscle or body aches
- ☐ Headache
- ☐ New loss of taste or smell
- ☐ Sore throat
- ☐ Congestion or runny nose
- ☐ Nausea or vomiting
- ☐ Diarrhea

## Exposure History

Have you been in close contact with anyone confirmed or suspected to have COVID-19 in the past 14 days?

## Travel History

Have you traveled internationally or to high-risk areas in the last 14 days?

**I confirm that to the best of my knowledge the information given is correct.**

**Signature**

**Date**