

Pre-Start Health Assessment Declaration

Personal Information

Full Name

Date

Role/Position

Work Location

Health Screening Questions

- ☐ I do not currently have any fever, cough, sore throat, difficulty breathing, or other symptoms of illness.
- ☐ I have not been in close contact with anyone diagnosed with a contagious illness in the last 14 days.
- ☐ I am not currently awaiting results of a health test relevant to workplace safety.
- ☐ I have not travelled internationally in the last 14 days.

Additional Comments

If you answered "No" to any question above or need to provide further details, please specify below:

Declaration

- ☐ I declare that the above information is true and correct to the best of my knowledge.

Signature

Date