

Contractor Pre-Entry COVID-19 Health Declaration

Full Name

Company

Date

Contact Number

Email Address

1. Do you have any of the following symptoms?

• Fever

• Cough

• Shortness of breath

• Sore throat

• Loss of taste or smell

• Other flu-like symptoms

☐ Yes

☐ No

2. Have you been in close contact with a confirmed COVID-19 case in the past 14 days?

☐ Yes

☐ No

3. Are you currently under mandatory quarantine or isolation as instructed by authorities?

☐ Yes

☐ No

4. Have you travelled internationally in the last 14 days?

☐ Yes

☐ No

Signature