

Workplace Post-Quarantine Reentry Declaration Form

Employee Information

Full Name

Employee ID

Department

Contact Number

Quarantine Details

Quarantine Start Date

Quarantine End Date

Quarantine Location

Health Declaration

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I am not experiencing any symptoms such as fever, cough, or difficulty breathing.

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I have not been in close contact with anyone confirmed positive for COVID-19 in the last 14 days.

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I have completed the required quarantine period and have been cleared by the relevant health authorities.

Other relevant information (optional)

Employee Declaration

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I hereby declare that the information provided above is true and complete to the best of my knowledge.

Date

Signature