

# Meat Packing Facility Handler Health Declaration

Full Name

Position/Job Title

Date

## Health Status (Please answer the following):

Are you currently experiencing any of these symptoms? (Fever, cough, sore throat, difficulty breathing, vomiting, diarrhea, unexplained rash or lesions)

In the past 14 days, have you been diagnosed with any contagious diseases (e.g., COVID-19, hepatitis, norovirus, etc.)?

In the past 14 days, have you had close contact with anyone diagnosed with a contagious illness?

Are you currently suffering from any wounds, sores, or skin infections on your hands, wrists, or forearms?

Are you currently taking any medication that may impair your ability to perform your duties safely?

## Additional Comments

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

Signature

Date