

COVID-19 Employee Daily Declaration Form

**All employees are required to complete this form after completion of each shift.**

It is recommended that after each shift the **Employee Daily Declaration Form** is completed by each employee covering their movements and listing close contacts. It is recommended that declaration forms be retained as a workplace record.

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| **Employee Daily Declaration Form** | **Date:** |
| Employee Full Name | |
| Date of Birth | |
| Address | |
| Telephone Number | |
| Email Address | |
| Work Location/Zone | |
| Start Time (hh:mm on 24 hour clock) | |
| End Time (hh:mm on 24 hour clock) | |
| Close Contacts – Record the full names of all colleagues that were within 1.5m of you, for greater than 2 hours **today (total cumulative time),** including during breaks/mealtimes, and at beginning/end of shifts | |
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| Close Contacts – Record the full names of all colleagues you had face-to-face contact with for 15 minutes or greater **today,** including during breaks/mealtimes, and at beginning/end of shifts | |
| Shared Travel – Record the full names of all colleagues you shared a vehicle with at any point **today**  3. | |
| **Your employer is collecting this information to help ensure your health and safety in the workplace given the current outbreak of COVID-19.**  I acknowledge that the above information is correct and undertake to inform my employer  of the following:  • Any personal travel plans, including actual locations visited  • Contact with any individual who is diagnosed with COVID-19  • If I am diagnosed with COVID-19  • Any other relevant information regarding potential exposure to COVID-19.  Failure to comply with these statements may lead to an on-the-spot fine of $1,000. | |
| **Employee Signature** | **Date** |
| **Supervisor Signature** | **Date** |