

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 shifts1.
 |
| 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** |