



## Health and Safety Self Declaration Form

**Name:**

**Organization Name:**

1. Have you visited any of the countries listed in the last 14 days - stay/ visit/ pass through (select all that are applicable)?

- China
- Hong Kong
- South Korea
- Italy
- Japan
- Iran
- Others (please specify) \_\_\_\_\_

• Are you suffering from any of the following symptoms? \*\* (Yes/ No)

- Fever (temperature exceeding 37.5 Celsius / 99.5 Fahrenheit) \_\_\_\_\_
- Cough \_\_\_\_\_
- Breathlessness \_\_\_\_\_

• Are any of your family members suffering from any of the following symptoms? \*\* (Yes/ No)

- Fever (temperature exceeding 37.5 Celsius / 99.5 Fahrenheit) \_\_\_\_\_
- Cough \_\_\_\_\_
- Breathlessness \_\_\_\_\_

\*\* If the answer to any of these is YES, please contact your manager or the security staff at your Company.

*In case you develop symptoms such as fever and cough within 30 days of having arrived in Country, restrict your outdoor movement and keep yourself isolated in your room/ house; and contact your manager or security personnel at your Company.*

### Acknowledgement

I hereby declare that the details provided above are accurate.

Signature:

Date: