



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.

| 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 | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 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 | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Shared Travel – Record the full names of all colleagues you shared a vehicle with at any point **today**

- 1.
- 2.
- 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
