Appendix B: HEALTH DECLARATION FORM

HEALTH DECLARATION FORM

Dear Employee,

In response to the novel coronavirus (COVID-19) pandemic status, IP&E is taking precautions to prevent the spread of the virus in the workplace. As part of the company's preventive measures, please read and answer the following self-assessment criteria before going back to work either in the office or in the field. Please tick the appropriate box below:

Item	CRITERIA	YES	NO
1	Have you been in contact with any person who has travelled off-island especially to any country or state currently affected with high number of positive COVID-19 cases in the past 14 days?		
2	Have you been in close contact with a person confirmed positive of COVID-19 or presumptive positive (PUI) of COVID-19?		
3	**Do you have any of the following symptoms within the last 24 hours:**		
	• Cough?		
	• Shortness of Breath?		
	• Difficulty of Breathing?		
4	**Do you have any two (2) of the following symptoms:**		
	• Fever of 100.4ºF / 37.8ºC or higher?		
	• Chills?		
	• Repeated shaking with chills?		
	• Muscle pains?		
	• Headache?		
	• Sore throat?		
	• New Loss of taste or smell?		

If you answered **"YES"** to any of the criteria above please **DO NOT COME TO THE OFFICE** and immediately

- Inform your Line Manager, and
- Contact your primary Doctor for further advice.

If you answered **"NO"** to all of the criteria above, please provide the required pieces of information below and affix your signature to indicate that you have read and fully understood the above information.

Thank you for your cooperation.

I have reviewed the above criteria and hereby declare that I do not have any of the symptoms as described.

Employee's NAME:

Employee's SIGNATURE:

Date Signed: