

COVID-19 Employee Health & Hygiene Declaration

Please read and complete form below. Please ask if you have any questions

No employee to attend work if any answers are in the shaded boxes

	YES	NO
Have you knowingly been in contact with anyone showing symptoms or having confirmed case of COVID-19 in the last 7 days? If answer is yes – No admittance to workplace - need to self isolate for 14 days		
Have you shown signs or symptoms in last 7 days? (cough, high temperature or breathlessness) If answer is yes – No admittance to workplace - need to self isolate for a minimum of 7 days until temperature back to normal. Follow Government medical guidance		
I agree that I will not attend work if myself or anyone in my household are displaying any COVID-19 symptoms and that I will inform my manager immediately. If answer is yes – No admittance to workplace - need to self isolate for 14 days		
I have read, understood, and accept the COVID-19 Kitchen Hygiene & Dining Room Procedures		
I have read, understood, and accept the Handwashing Procedures		
I understand that I must change into my uniform on site. Uniform is not be worn outside of the premises and must not be worn to travelling to work		
I agree to wear all PPE supplied to me at all times whilst on work premises		
I agree to have my temperature checked via infrared temperature scanner on arrival at work each day. I understand that if my temperature is above 37.8c I will not be permitted to attend work		

Please sign to confirm that you have read, understood, and agree to all points above.

Name.....

Sign.....

Date.....