

## COVID-19 Employee

### Health & Hygiene Declaration

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

Covid-19 symptoms include - a high temperature, a new, continuous cough, loss or change in your normal sense of smell or taste.

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 – Follow Government Guidelines – self isolate from 10 days from day of contact. If you have symptoms, organise a Covid test		
Have experienced symptoms in last 7 days? (cough, high temperature or breathlessness) If answer is YES – No admittance to workplace – Follow Government advice and organize a test. Need to self isolate for a minimum of 10 days from onset of illness and until temperature back to normal.		
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.		
I have read, understood, and agree to follow the COVID-19 Kitchen Hygiene & Dining Room Procedures and Risk Assessments		
I have read, understood, and agree to follow 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 for travelling to and from work		
I agree to wear all PPE supplied to me and will wear a face mask at all times whilst on the premises		

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

Name.....

Sign.....

Date.....