

HEALTH DECLARATION FORM

Please Tick your answer:-

No.	Questions	Yes	No
1	Are you serving a Leave of Absence Order?		
2	Travelled outside the UK in the last 14 days?		
3	Have you been in close or frequent contact with person(s) who had travelled outside the UK during the last 14 days?		
4	Are you currently serving a Quarantine Order or living with a person who is serving a Leave of Absence Order?		
5	Have you been in contact with any individual who has been confirmed to have COVID-19 infection during the last 14 days?		
6	Do you have any fever (temperature of > 37.5 C)?		
7	Do you have any cough or breathing difficulties?		
8	Do you have loss of sense of taste?		

Declaration: I declare and confirm that the information given in this form above is true, complete and accurate.

Name : _____

Date/Time : _____

Signature : _____