

Employee Health Declaration Form

Employee Information

- Full Name: _____
- Employee ID: _____
- Department: _____
- Contact Number: _____
- Email Address: _____

Health Status

- Are you currently experiencing any symptoms of illness?
 Yes No
If yes, specify: _____
- Have you been diagnosed with any chronic illnesses?
 Yes No
If yes, provide details: _____
- Are you on any regular medications?
 Yes No
If yes, list medications: _____

COVID-19 Specific Questions

- Have you been vaccinated against COVID-19?
 Yes No
If yes, list vaccination dates: _____
- Have you been in close contact with a confirmed COVID-19 case in the last 14 days?
 Yes No

Declaration

I, _____, declare that the information provided above is accurate and complete to the best of my knowledge.

Signature Section

- Employee Signature: _____
- Date: _____