



## COVID19 Employee Self Declaration for Entry to The Workplace HSE/DOC/FORM/3.09/EMPDECLARATION/A02

Access to the workplace is subject to completing this form

<b>Name:</b>	
<b>Surname:</b>	
<b>ID no.</b>	
<b>Contact Number:</b>	
<b>Emergency Contact Number:</b>	
<b>Department:</b>	
<b>Workstation Location:</b>	

### QUESTIONNAIRE

1. Have been outside of the province at any time during the lockdown period?  Yes  No
2. Have you been in contact (14 days) with anyone confirmed to have COVID19?  Yes  No
3. Have displayed any of the following symptoms in the last 7 days?

#### Common Symptoms

- fever  Yes  No
- dry cough  Yes  No
- tiredness  Yes  No

#### Less common symptoms:

- aches and pains  Yes  No
- sore throat  Yes  No
- diarrhea  Yes  No
- conjunctivitis  Yes  No
- headache  Yes  No
- loss of taste or smell  Yes  No
- a rash on skin, or discoloration of fingers or toes  Yes  No

#### Serious symptoms:

- difficulty breathing or shortness of breath  Yes  No
- chest pain or pressure  Yes  No
- loss of speech or movement  Yes  No

4. Do you have any underlying health concerns?  Yes  No

Describe: \_\_\_\_\_

(Full details of GP or specialist accompanied by treatment regimens must be sent to [info@somerset.co.za](mailto:info@somerset.co.za))

### DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform Somerset House should I be diagnosed with COVID-19 within the next 14 days to facilitate contact tracing.

<b>Date:</b>	
<b>Employee Signature:</b>	

**Please note, Somerset House reserves the right of access to our facility.**