

Employee Health Declaration Form

Employee Information:

- Full Name: _____
- Employee ID: _____
- Department: _____
- Job Title: _____
- Date: _____

Health Status Declaration:

1. Current Health Condition:

- Are you currently experiencing any symptoms of illness? Yes No
 - If yes, please specify symptoms:

- Have you been diagnosed with any medical condition or illness recently?
 Yes No
 - If yes, please provide details:

2. Chronic Conditions:

- Do you have any chronic health conditions (e.g., diabetes, asthma, heart disease)? Yes No
 - If yes, please specify:

3. Medication:

- Are you currently taking any medication that may affect your work performance? Yes No
 - If yes, please specify the medication and its purpose:

4. Allergies:

- Do you have any known allergies (e.g., food, medication, environmental)?

Yes No

- If yes, please provide details:

COVID-19 Related Declaration (if applicable):

1. Symptoms and Exposure:

- Have you experienced any COVID-19 symptoms in the last 14 days (e.g., fever, cough, difficulty breathing)? Yes No
- Have you been in close contact with anyone who has tested positive for COVID-19 in the past 14 days? Yes No

2. Travel History:

- Have you traveled internationally or domestically to a high-risk area in the past 14 days? Yes No
 - If yes, please provide details:

3. Vaccination Status:

- Have you been vaccinated for COVID-19? Yes No
 - If yes, please specify:
 - Vaccine Type:

- Date of Vaccination:

Fitness for Work Declaration:

- Do you believe you are fit to carry out your duties without risk to yourself or others? Yes No
 - If no, please provide details:

- Have you consulted a healthcare professional about your fitness for work recently? Yes No
 - If yes, please provide details:

Additional Health Information (if applicable):

- Please provide any additional health-related information that may be relevant to your role:

Declaration:

I, the undersigned, declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information or withholding relevant details may lead to disciplinary actions, including termination of employment.

- Employee Signature: _____
- Date: _____

For Employer Use Only:

- Verified By: _____
- Date: _____