
Employee Self Declaration Form

Employee Information:

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

Declaration Type:

(Please select the reason for declaration)

- Health Status
- Travel History
- Absence Reason
- Conflict of Interest
- Other (please specify): _____

Health Status Declaration (if applicable):

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

- Have you been diagnosed with any illness that may affect your ability to work?
Yes No
 - If yes, please provide details:

Travel History Declaration (if applicable):

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- Have you traveled outside the country in the past 14 days? Yes No

- If yes, list the countries visited:

- Have you been in contact with anyone who has tested positive for COVID-19 or any other contagious illness? Yes No

Absence Reason Declaration (if applicable):

- Reason for Absence: _____
- Start Date of Absence: _____
- End Date of Absence: _____

Conflict of Interest Declaration (if applicable):

- Do you have any potential conflicts of interest in your current role? Yes No

- If yes, please describe:

Additional Comments (if applicable):

Please provide any additional information that may be relevant to your declaration:

Declaration:

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

- Employee Signature: _____
- Date: _____

For Employer Use Only:

- Verified By: _____
- Date: _____