



Coronavirus Disease (COVID-19 Declaration)

With the recent outbreak of COVID-19 and our commitment to our employee's safety, please take the time to complete the following questions:

I (enter full name)

Full name: _____

From (enter your current address details): _____

Declare the following:

I and my immediate family / household have not been to or visited any of the following countries (countries of concern) in the last 14 days:

- Mainland China
- Iran
- Hong Kong
- Italy
- Republic of Korea
- Japan
- Singapore
- Thailand

I have travelled to the following countries in the past 14 days: (please list below)

I and my immediate family / household have not exhibited any of the following signs or symptoms in the last 14 days:

- Fever
- Cough
- Shortness of breath or difficulty breathing

In completing this document I agree to advise AWF immediately if in the future myself or my immediate family:

1. Travel to a country of concern and understand that these countries may expand from those detailed above and/or
2. Exhibit the signs and symptoms of COVID-19

Date: _____

Signature: _____