COVID-19 AWF Employee Self-Declaration

This self-declaration form supports our efforts to continue to minimise the transmission of COVID-19 and must be completed before we can place you to work. Please take the time to complete the questions below and note your completion of this declaration also provides AWF with permission to pass this information onto a third party including our Clients and the Ministry of Health.

Please answer the following questions:	
Have you or anyone you have been in close contact with recently felt unwell or experienced ANY cold or flu-like symptoms such as a high temperature (at least 38 degrees C), fever, coughing, sneezing, runny nose, sore throat, or had difficulty breathing?	☐ Yes ☐ No
Have you or anyone you have come into close contact with been confirmed as having COVID-19 (Coronavirus)?	☐ Yes ☐ No
Have you recently returned to New Zealand from overseas?	☐ Yes ☐ No
Have you been in close contact with a person who has recently returned to New Zealand from overseas?	☐ Yes ☐ No
Are you immune compromised or do you have a respiratory or a heart condition, high blood pressure, kidney problems or diabetes?	☐ Yes ☐ No
If you have answered "yes" to any of the questions above, we will talk to you about what this might mean in relation to going to work.	
I am and will continue to observe all of the requirements of the COVID-19 rules and guidance as outlined by the Government and agree to follow the requirements of AWF and the Client whose work site I may go to?	☐ Yes ☐ No
Do you confirm that you do not have any health related issues that could impact your fitness for work and that you will advise AWF immediately if this changes in any way?	☐ Yes ☐ No
If you have answered "no" to any of the questions above, we will talk to you about what this might mean in relation to going to work.	

Name (enter full name, please print): _____

Address (enter your current address details): _____

Contact number (landline and cell phone): _____

I declare that I have answered the above questions truthfully and to the best of my knowledge and I will advise AWF immediately of any changes to the above statements.

Signed: _____   Date: _____