

HEALTH DISCLOSURE FORM

Customer name	Company Name
Date	Site address

In the last 14 days have you or someone you have regular close contact with been: **please tick**
(such as family, friends, housemates and co-workers etc)

Displaying any of the following symptoms similar to the flu:

Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breathing difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exposed to a person who has tested positive to Coronavirus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have had a test for Coronavirus without a negative outcome?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Returned from overseas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed in quarantine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the premises been used or currently being used as a designated quarantine facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature	Date
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IMPORTANT INFORMATION

Please limit the number of people in the vicinity of the work whilst our workers are on your property.

As soon as you become aware, please advise if any person has become unwell, been quarantined or is self-isolating due to potential exposure, since completing this form.

When one or more of our workers attend your property they will:

- Follow strict social distancing practices inside and outside your property.
- Not shake your hand on arrival but greet you verbally, whilst keeping strict social distance.
- Follow strict hygiene practices when undertaking their work, washing hands regularly and/or using sanitiser, cleaning high use areas regularly.
- All payment is contactless – this will be arranged either prior to their arrival via invoice, credit card or transfer. If any payment is required on the day of their arrival, this is to be done via phone or by credit card. NO CASH WILL BE ACCEPTED.