

COVID-19 CONTRACTOR DECLARATION



Permit number _____

Contact name: _____

Phone number: _____

Company name: _____

DECLARATION

I confirm that;

- a. I have not travelled overseas within the last 14 days
- b. I have not knowingly come into contact with a person that has been tested positive for COVID-19
- c. I am not experiencing any flu-like symptoms
- d. I will practice the recommendation of physical distancing at a distance of 1.5m between persons at all times whilst on campus
- e. I will take additional precautionary measures as outlined in the General Permit to Work
- f. If at any time whilst on campus I start to feel unwell I will immediately notify the Facilities Department

Please note the recommended personal hygiene measures

- Wash your hands frequently with soap and water for at least 20 seconds
- Implement good cough etiquette by coughing or sneezing into your elbow
- Don't touch your eyes or mouth if you can help it
- Use hand sanitizer regularly wherever possible

Sign

Date

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