



STAFFING AGENCY Est. 1997

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>Self-Declaration by Visitor</b>		
	<b>YES</b>	<b>NO</b>
Have you traveled to [insert company determined list of countries] or been in close contact with anyone who has traveled to those areas within the last 14 days?		
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?		
Have you been vaccinated for COVID-19?		

Please provide proof of vaccination.

Signature: \_\_\_\_\_