



**40** 1980 - 2020  
**YEARS**

*Hard Chrome & Cylinder Specialists*

**PANDEMIC SELF-DECLARATION FORM  
PRE-SHIFT QUESTIONNAIRE – OR PRE-ENTRY BY VISITOR**

Disclosure of illness or exposure is required to safeguard the health and safety of our employees and visitors and restrict the outbreak in our community.

***TO BE COMPLETED BY EMPLOYEES AT START OF EVERY SHIFT, AND VISITORS THAT REQUIRE ENTRY INTO THE FACILITY AND PLACED IN THE INBOX PROVIDED***

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:

	YES	NO
Cough		
Fever		
Difficulty Breathing		
Tiredness		
Sore throat		

HAVE YOU BEEN IN CLOSE CONTACT WITH A PERSON DIAGNOSED WITH, OR SUSPECTED OF BEING INFECTED BY COVID-19 IN THE LAST 14 DAYS?

YES

NO

WHAT WAS YOUR TEMPERATURE READING AT THE START OF YOUR SHIFT or AT ENTRY? \_\_\_\_\_

If you have answered YES to any of the above questions, please be advised that you must NOT ENTER our facility. You are instructed to attend a COVID-19 Testing Facility and isolate until you have received your results.

If you have answered NO to all questions, please sign below.

I confirm that the information above is accurate.

\_\_\_\_\_  
Employee/Visitor Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

REVIEWED BY: \_\_\_\_\_