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		Yes	No
Cough		Yes	No
Shortness of breath		Yes	No
Breathing difficulties		Yes	No
Exposed to a person who has tested positive to Coronavirus?		Yes	No
Have had a test for Coronavirus without a negative outcome?		Yes	No
Returned from overseas or a declared COVID-19 hotspot*		Yes	No
Placed in quarantine?		Yes	No
Has the premises been used or currently being used as a designated quarantine facility?		Yes	No

Signature

Date

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 selfisolating 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.