



EMPLOYEE COVID19 DECLARATION FORM

In efforts to safeguard the health and safety of all parties involved and limit the spread of this virus, all Brooklin Consulting employees will be required to complete the following declaration prior to any contact with new or existing clients. This information will not be disclosed without an employee's express consent.

Using the following screening questions please determine your status:

1. Do you have symptoms of an acute respiratory infection (such as a new onset cough) with or without a fever or difficulty breathing?
 2. In the last 14 days have you experienced any cold or flu-like symptoms (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?
 3. In the last 14 days have you travelled internationally, including the United States?
 4. In the last 14 days, have you had close contact with a confirmed or suspected case of COVID-19?
 5. In the last 14 days have you had close contact with a person who has acute respiratory infection symptoms?
 6. In the last 14 days, have you been exposed to a lab that tests for COVID-19, or have you been diagnosed with COVID-19 by a lab test or are you waiting for results of a lab test for COVID-19.
- If you have answered **NO** to all of these questions you are **NOT AT RISK** and you will be permitted to work
 - If you have answered **YES** to any of these questions you are **AT RISK** and you will not be permitted to work

While on client facilities I agree to follow all Health and Safety procedures. I will immediately advise Brooklin Consulting and the client if any of my responses change.

Print Name	
Contact Email	
Contact Phone	

Signature : _____ Date: _____

Your signature confirms you have read and understood this declaration.