SERGE NORMANT
at
JOHN FRIEDA

COVID-19 Self Declaration Form
Mandatory daily health screening
One form must be completed for every person on the grounds

For the health and safety of our community, Declaration of illness is required of all workers and visitors.
Be sure that the information you will give is accurate and completed.

Name _____

Contact Number _____

Date _____

- Have you been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?

  YES ☐ NO ☐

- Have you been tested positive for COVID-19 in the Past 14 days?

  YES ☐ NO ☐

- Have you experienced any symptoms of COVID-19 in the past 14 days?

Fever	YES ☐	NO ☐
Cough	YES ☐	NO ☐
Shortness of Breath	YES ☐	NO ☐
Persistent Pain in the Chest	YES ☐	NO ☐

I acknowledge that the information I have given is accurate and complete.