



COVID-19 Self-Declaration

Due to the COVID-19 pandemic, and our commitment to our employee's safety, please take the time to complete the following questions. This self-declaration form is in addition to the COVID-19 questions you may have been asked by us at the time of your application and forms part of your employment application pack.

Please answer the following questions:	
Have you or has anyone you come into close contact with currently or in the last 14 days felt unwell, experienced any cold or flu-like symptoms such as a high temperature (at least 38 degrees C), fever, coughing, sneezing, runny nose, sore throat, or had difficulty breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or has anyone you come into close contact with been confirmed as having COVID-19 (Coronavirus)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently returned from overseas travel, or recently entered New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been in close contact with a person who has recently returned from overseas travel, or recently entered New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you immune compromised or do you have a respiratory or a heart condition, high blood pressure, kidney problems or diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you have answered "yes" to any of the questions above, we will talk to you about what this might mean.</i>	
I am and will continue to observe all of the requirements of the level 4 alert lockdown as outlined by the Government	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you have answered "no" to the question above, we will talk to you about what this might mean.</i>	

I, (enter full name, please print) _____

From (enter your current address details) _____

declare that I have answered the above questions truthfully and to the best of my knowledge and I will advise AWF immediately of any changes to the above statements.

Signed: _____ Date: _____