



# COVID 19

## COMPANY TO CUSTOMER CLEARANCE DECLARATION

Site Address/Location:

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*(Worksite Location or Branch)*

Date:

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Time:

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Have you or workers been subjected to ANY of the following in the last 14 DAYS?

- Been under direction to self-isolate because of a direct or indirect exposure to COVID 19. i.e. you, a family member or worker.
- Attended, or had anyone directly associated with you attend, a COVID testing facility and had the test performed.

Company:  Yes  No

Customer:  Yes  No

Have you or your workers been in CLOSE CONTACT with someone that has been diagnosed or has had a suspected case of COVID 19?

Company:  Yes  No

Customer:  Yes  No

Do you or your workers have ANY of the following symptoms?

- Fever – with or without respiratory symptoms
- Cough
- Sore Throat
- Tiredness
- Shortness of Breath

Company:  Yes  No

Customer:  Yes  No

### SIGNATURES

*(Do not share pens or pencils)*

I declare that the above information is true and correct. **If either party indicates a YES, the job will be rescheduled.**

**SOCIAL DISTANCING WILL BE ADHERED TO AND ENFORCED AT ALL TIMES.**

Company Representative:

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*(Signature required of the worker making the declaration for the Company)*

Customer:

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*(Signature required for customer or site representative making the declaration)*