

Health and Safety Consent Form

COVID-19

Full Name

Date of Birth

Contact Number

Email Address

Home Address

Health Screening (please tick as applicable):

☐ I have not experienced any COVID-19 related symptoms in the last 14 days.

☐ I have not been in contact with anyone diagnosed with COVID-19 in the last 14 days.

☐ I have not traveled internationally in the last 14 days.

☐ I have not tested positive for COVID-19 in the last 14 days.

Additional Information (optional)

Consent Acknowledgement:

☐ I hereby confirm that the information provided is accurate to the best of my knowledge, and I consent to comply with all health and safety protocols outlined by the organization regarding COVID-19.

Signature

Date

