

BRADNAM'S

COVID 19

COMPANY TO CUSTOMER
CLEARANCE DECLARATION

Site Address/Location:

(Worksite Location or Branch)

Date:

Time:

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:

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

Customer:

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