

# BCS Employee Coronavirus Self Declaration Form - 2020

Full Legal Name:

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Address:

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Province: \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email:

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Department:

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Have you travelled abroad during 2020?

Yes  No

Dates of Travel:

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Have You been in contact with people being infected, suspected or diagnosed with Covid-19?

Yes

No

Your relationship with the people and your last contact with them.

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Please state whether you've experienced or are experiencing the following:

Fever Yes  No

Cough Yes  No

Shortness of Breath Yes  No

Persistent Pain in the Chest Yes  No

I acknowledge that the information I've given is accurate and complete.

Signed:

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_