

NZSCA Covid-19 Contractor and Employee Declaration Form



Contractor's Name _____ Employee's Name _____

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 Week Commencing/...../.....	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.
Contractor/Employee Signature	X X	X X	X X	X X	X X	X X	X X
2 Week Commencing/...../.....	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.	1. I confirm I have complied with all social distancing & physical distancing requirements as outlined by the Ministry of Health. 2. I confirm I am fit & healthy for work.
Contractor/Employee Signature	X X	X X	X X	X X	X X	X X	X X