**Declaration form for NON-SP staff working in School/Department**

**(S&D Director to check with all their non-SP staff working in their school/department)**

I declare, to the best of my knowledge, that, within the past 14 days (to tick where it is true)

**1) I am a**

o Confirmed Case (A person confirmed by MOH to have the COVID - 19)

o Suspect Case (A person suspected by MOH)

o Person issued Quarantine Order by MOH

o Person issued with Stay Home Notice (SHN)

**2) I have been in contact with the following person**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Eg, friend, sibling)

**who is a**

o Confirmed Case (A person confirmed by MOH to have the COVID - 19)

o Suspect Case (A person suspected by MOH)

o Person issued Quarantine Order by MOH

o Person issued with Stay Home Notice (SHN)

**and the information relating to our interaction are as follows**

**Date/period of contact:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Close contact (within 2 meters and more than 30 mins of sustained contact)

o Other level of intensity of contact (to describe, eg, transient)

Please provide additional details (e.g. End date of Quarantine Order (QO); If QO, currently well/not well, when test results are available and what is the outcome, when he/she started showing symptoms)

**3) I have been in contact with the following person**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Eg, friend, sibling)

**who is a**

o Confirmed Case (A person confirmed by MOH to have the COVID - 19)

o Suspect Case (A person suspected by MOH)

o Person issued Quarantine Order by MOH

o Person issued with Stay Home Notice (SHN)

**and the information relating to our interaction are as follows**

**Date/period of contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Close contact (within 2 meters and more than 30 mins of sustained contact)

o Other level of intensity of contact (to describe, eg, transient)

Please provide additional details (e.g. End date of Quarantine Order (QO); If QO, currently well/not well, when test results are available and what is the outcome, when he/she started showing symptoms)

**4) I have been in contact with the following person**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Eg, friend, sibling)

**who is a**

o Confirmed Case (A person confirmed by MOH to have the COVID - 19)

o Suspect Case (A person suspected by MOH)

o Person issued Quarantine Order by MOH

o Person issued with Stay Home Notice (SHN)

**and the information relating to our interaction are as follows**

**Date/period of contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Close contact (within 2 meters and more than 30 mins of sustained contact)

o Other level of intensity of contact (to describe, eg, transient)

Please provide additional details (e.g. End date of Quarantine Order (QO); If QO, currently well/not well, when test results are available and what is the outcome, when he/she started showing symptoms)

Particulars of person making declaration

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(School/Dept)

**END of Declaration Form**