**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 Novel Coronavirus)

o Suspect Case (A person suspected by MOH)

o Person issued Quarantine Order by MOH

(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 Novel Coronavirus)

o Suspect Case (A person suspected by MOH)

o Person issued Quarantine Order by MOH

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)

(3) I have also been in contact with another person, as follows

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

who is a

o Confirmed Case (A person confirmed by MOH to have the Novel Coronavirus)

o Suspect Case (A person suspected by MOH)

o Person issued Quarantine Order by MOH

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)

(4) I have also been in contact with another person, as follows

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

who is a

o Confirmed Case (A person confirmed by MOH to have the Novel Coronavirus)

o Suspect Case (A person suspected by MOH)

o Person issued Quarantine Order by MOH

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)

Particulars of person making declaration

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

(Name)

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

(School/Dept)

**END of Declaration Form**