



Dear on signers,

In light of the ongoing COVID-19 Pandemic BWO would ask you to complete the below form as part of an ongoing program to maintain the health and wellbeing of those required to travel during these times.

During your leave home have you travelled out with your country of residence?

YES ☐

NO ☐

*If the reply is "Yes", please supply travel date, location and the duration of visit:*

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To your knowledge, have you been exposed to anyone affected by COVID-19 or suffering from any flu like symptoms?

YES ☐

NO ☐

At any point in the last 7 days have you suffered from any of the following symptoms:

- ☐ Fever
- ☐ Persistent Cough
- ☐ Tiredness
- ☐ Loss of taste or sense of smell

YES ☐

NO ☐

☐ I authorise the Company to retain this information for maximum one year or until the situation normalises.

Signed:

Name Printed:

Date: