

COVID-19 RESPONSE

Updated 3 April 2020

Employee declaration

All employees should complete this declaration before commencing employment during a COVID-19 Level 3 and 4.

| Name: | |
|--------------------------------------|--|
| Phone number: | |
| Email address: | |
| Nationality: | |
| Date of birth: | |
| Accomm | odation address: |
| Names of others that you live with: | |
| Mode of transport to work: | |
| Names of others who share transport: | |
| | |
| Tick | Employee Declaration |
| | I have read, understand and will follow the requirements of the COVID-19 Management Plan. |
| | I am under the age of 70 years. |
| | I do not have any underlying health issue that makes me more vulnerable to COVID-19. These |
| | issues include compromised immune system, respiratory conditions, liver disease, heart disease of diabetes. |
| | I am not pregnant. |
| | I have not been overseas or in contact with anyone who has tested positive to COVID-19 in the past 14 days. |
| | I have completed the mandatory self-isolation required when returning from overseas (If applicable) |
| | I will travel direct between my stated home address and essential work in accordance with Government requirements. |
| | I confirm that I understand and will stay at home as directed by the Zealand Government at all times, |
| l l | only leaving my stated home to attend work in an essential service, and acquire essential services i.e. |
| | food, medicines and fuel. |
| | I confirm that I understand and will maintain a physical distance of 2 metres from people at all times |
| , | when outside of my home. |
| Signature: | : Date: |

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