|  |  |  |  |
| --- | --- | --- | --- |
| ***Date*** | ***Name*** | ***Declaration*** | ***Signature*** |
|  |  | I declare that I do not have a fever (temp 37.5°C or higher) or a combination of flu-like symptoms such as cough, sore throat, fatigue, shortness of breath, runny nose, muscle/joint pain, vomiting and diarrhoea |  |
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**Governance - COVID Staff Register**