

HEALTH DECLARATION FORM (FOR HOME VISIT CUSTOMERS)

Dear Sir/ Madam

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to our staff and customers, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in our community. Thank you for your time.

Contact Details			
Name		Contact Number	
Address:		Service Job No: (if any)	
Product: (Pls tick)	<input type="checkbox"/> Aircon	<input type="checkbox"/> Fridge	<input type="checkbox"/> Washer
	<input type="checkbox"/> Television	<input type="checkbox"/> Microwave/Oven	<input type="checkbox"/> Others _____

Self-declaration by Customer	
1	<p>If you have the following symptom(s), please tick the relevant box(es):</p> <p><input type="checkbox"/> Fever <input type="checkbox"/> Dry cough <input type="checkbox"/> Body aches <input type="checkbox"/> Headaches</p> <p><input type="checkbox"/> Sore throat <input type="checkbox"/> Runny nose <input type="checkbox"/> Tiredness <input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Others _____ <input type="checkbox"/> None of the above</p>
2	<p>Have you or any household member(s) had close contact with any persons who have been served with Quarantined Order, Leave of Absence, Stay Home Notice, warded for observation and testing for the coronavirus or confirmed cases in the last 14 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3	<p>Have you or any household member(s) travelled to any countries in the past 14 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate the country(s) _____</p>
4	<p>Have you or any household member(s) been issued with a 5-day medical leave due to respiratory symptoms?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5*	<p>Do you have more than 10 members within your household?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, can you make arrangements to excuse 2 members outside your home during the time of visit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Footnote: If you have answered "Yes" to any of the above questions* and/or if you are unwell, please refrain from arranging a service appointment with us. We thank you for your kind understanding and we apologize for any inconveniences caused.

Declaration:

I declare and confirm that the given above is true and correct.

Name and Signature

Date

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