

## ThriveAgri Vendor COVID-19 Health & Travel Declaration

Our primary focus remains on the health and safety of our staff, vendors and customers.

To best contain the global risk associated with the spread of the COVID-19 virus, ThriveAgri requires all vendors to declare their recent movements and health before completing work for us.

Your Name	
Date	
Your Company	
Rego (if applicable)	

Question	Tick Box	If Yes, please include relevant details
1. Have you in the last 14days travelled overseas or been on an ocean cruise?	<input type="checkbox"/> Yes -> <input type="checkbox"/> No	
2. Have you in the last 14days knowingly had any contact with any persons who has travelled overseas or been on an ocean cruise?	<input type="checkbox"/> Yes -> <input type="checkbox"/> No	
3. Have you in the last 14days knowingly been in contact with a person diagnosed with COVID-19?	<input type="checkbox"/> Yes -> <input type="checkbox"/> No	
4. Are you feeling any symptoms of COVID-19 or unwell at all?	<input type="checkbox"/> Yes -> <input type="checkbox"/> No	
5. Do you have any reason to believe you are unfit to complete the requirements of your work today?	<input type="checkbox"/> Yes -> <input type="checkbox"/> No	
6. Do you have any reason you can not comply with all ThriveAgri COVID-19 hygiene requirements, including carrying documentation at all times?	<input type="checkbox"/> Yes -> <input type="checkbox"/> No	

If you answered yes to any of the above questions, please do not complete any work for ThriveAgri until you have received written consent. You may be required to quarantine for 14days and provide medical clearance after your 14 days quarantine period.

**Declaration:**

I, \_\_\_\_\_, on \_\_\_\_/\_\_\_\_/2020, declare that I have answered the above questions truthfully and to the best of my knowledge and will update ThriveAgri if anything changes that may require a change to one of my answers.

Signed: \_\_\_\_\_

Please return the signed declaration to your ThriveAgri contact.

