



Date: -----

## Declaration Letter For Nursery Staff

Staff Full Name : \_\_\_\_\_

Staff EID Number : \_\_\_\_\_

Job Title : \_\_\_\_\_

Nursery Name : \_\_\_\_\_

Region : \_\_\_\_\_

### **A. Health**

- ✓ I have not, or any of my family members in my household, been in contact with someone who is suspected as being infected with COVID-19, or someone diagnosed with COVID-19.
- ✓ I have not recently experienced/am experiencing any of the following:
  - ✓ Fever
  - ✓ Cough with shortness of breath
  - ✓ Repeated shaking with chills
  - ✓ Muscle pain
  - ✓ Headache
  - ✓ Sore throat
  - ✓ Loss of sense of taste and/ or smell
- ✓ I recognize that the following chronic diseases are considered as a high risk and could pose complications with COVID-19. I acknowledge that if I have or anyone in my family has the following chronic illnesses, and that if I choose to come to work, I am exposing myself or my family members with the chronic illness to an added risk if exposed to COVID-19. The following illnesses include but may not be limited to:
  - ✓ Cancer
  - ✓ HIV
  - ✓ Recent transplants
  - ✓ Respiratory issues
  - ✓ Kidney or heart issues
  - ✓ Inflammation
- ✓ I have uploaded Al Hosn Application.
- ✓ I have received a negative PCR test.
- ✓ My age is between 18-60 years old. If I am over the age of 60 and I chose to come to work, I understand that I am at a higher risk of complications if I contract COVID-19.

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## **B. Living Arrangements:**

- ✓ If I live in a shared living arrangement, I have notified my nursery, as this is an added risk of being exposed and/ or contracting COVID-19.
- ✓ I recognize that people above the age of 60 are considered to be at high risk of complications if contracting COVID-19. If I live with anyone above the age of 60, I acknowledge that I may be putting them at risk of developing complications if I am exposed or contract COVID-19.

I'm fully aware of the risks/threats posed to the community if I fail to adhere to the Nursery Guidelines, and shall immediately notify the nursery in the event of being infected by Covid-19, or if I suspect that I have been infected; or if I show any symptoms of being infected by the said virus.

- **I hereby acknowledge and undersign that the information I have provided above is accurate and true.**
- **I shall wear the *Personal Protective Equipment (PPE)*, such as face masks, aprons and gloves at all times during working hours and as required.**
- **I shall comply with all the above and with all regulations issued by relevant authorities.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_