



Phoenix Park Gas Processors Limited

VISITOR & CONTRACTOR DECLARATION OF HEALTH

Organization:

Telephone No.:

DETAILS OF PERSONS REQUIRING ACCESS

NAME	Address by Region number (see map below)	Contact Number	DOB DD/MM/YY	Date of Any Previous Positive Test for Covid 19	Dates of Any Previous Isolation/ Quarantine	Enter <u>Y</u> for Yes or Enter <u>N</u> for No below					
						Contact with Suspected/ Confirmed case of Covid19 In last 14 days	Sore Throat	Fever	Cough	Difficulty Breathing	Runny nose



Declaration

By signing this form, I declare that the responses contained herein are true and correct to the best of my knowledge. I agree to my immediate removal from PPGPL's sites should any of my responses herein be found to be untrue and incorrect. I also hereby consent to PPGPL collecting, processing and storing any personal and sensitive data (as defined in the Data Protection Act 2011) provided in this form, for the purposes of determining my level of exposure to the COVID-19 Virus and any further action to be taken. PPGPL ultimately reserves the right to deny access. Kindly sign, stamp, scan and email to hssemail@ppgpl.co.tt AND ebi.security@ppgpl.co.tt.

Company Representative Name:

.....

Company Representative Signature:

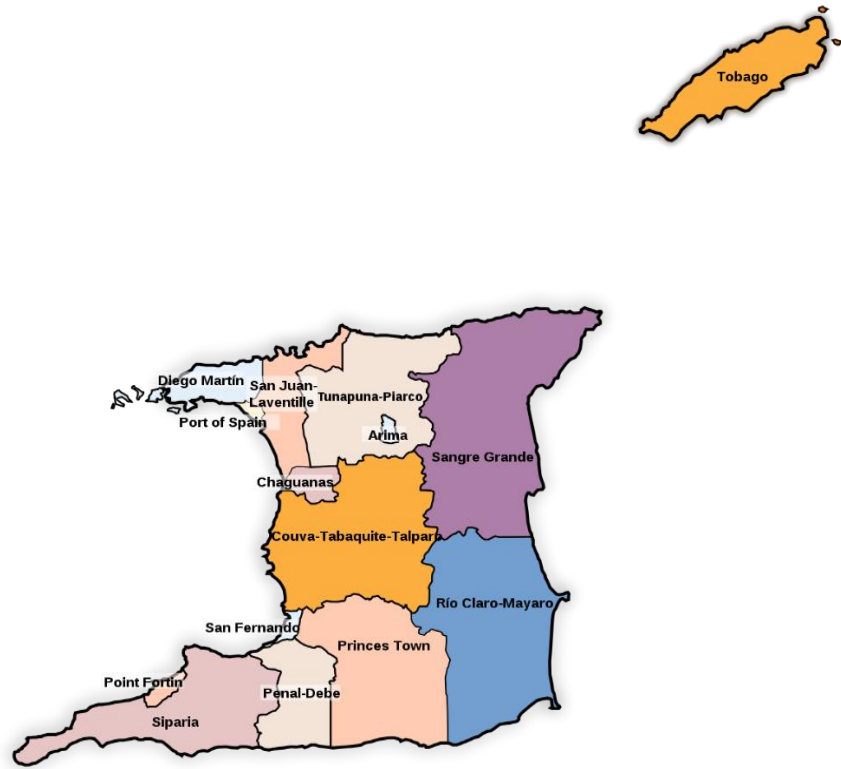
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Email address:

.....

Stamp:

Date:



- 1 Diego Martin
- 2 Port of Spain
- 3 San Juan-Laventille
- 4 Tunapuna-Piarco
- 5 Arima
- 6 Chaguanas

11. Princes Town
12. Penal-Debe
13. Point Fortin
14. Siparia
15. Tobago