

Date: _____

Sun Wah Barbecue Restaurant

5039 N. Broadway
Chicago, IL 60640
773.769.1254
sunwahbbq@gmail.com

Health Declaration Form

I hereby certify, represent, and warrant as follows:

Within the fourteen (14) days immediately preceding the date of the health declaration form, ***I HAVE NOT***:

1. Tested positive or presumptively positive for or been identified as an asymptomatic carrier of Covid-19;
2. Experienced any symptoms commonly associated with Covid-19;
3. Have been in direct contact with or the immediate vicinity of any person known or now known to have Covid-19.

Name	Phone #	Email	Signature

This form will remain private and confidential unless it is necessary to contact trace any Covid-19 cases. Your information will not be used for any other purposes. We will destroy this document after 60 days from the date listed. You may take a picture on your phone for your records if you like.