

HEALTH & SAFETY DECLARATION



Please tick the appropriate box

- Exhibitor Contractor External Organizer Temporary Personnel

Event Name: Event Date:

Company Name: Contact Number:

Email: Exhibitor Stand/Client Name:

Stand Number / Hall / Location:

Note: Submit this form to the Expo Centre Sharjah Operations Department OR by email health@expo-centre.ae.

It is a condition of entry into the exhibition that every Exhibitor, Contractor, Sub-Contractor, Supplier and their agents comply with the legislation covering the venue. All stakeholders accept that it is their legal and moral responsibility to ensure that their own and others' health and safety is not put at risk by their actions throughout tenancy/duration of the exhibition. While all measures are in place to keep you safe, your participation at the event is at your own discretion and associated risks. Expo Centre Sharjah can assume no responsibility for any personal illness, injury, damages or losses resulting from your participation.

HEALTH DECLARATION

- I/We confirm that I am not currently COVID-19 positive and not in quarantine.
- I/We confirm that I have not travelled internationally in the last 14 days.
- I/We confirm that I have not been in contact with a person who tested positive for COVID-19 in the last 14 days.
- I/We confirm that I am not considered to be in the high risk categories for COVID-19 (over 60 yrs of age, pregnant, have a compromised immune system; have a chronic medical condition etc).
- I/We will remain up-to-date with trusted sources i.e. local and national public health authorities & municipalities.
- If I/We have underlying health conditions as identified with COVID-19, I/We will attend at my/our own risk.
- If I/We observe or present any COVID-19 symptoms, I/We will follow local and national public health guidance and evaluate my/our continued attendance.
- I/We will follow any prescribed self-isolation period in accordance to the local and public health authority guidance when applicable.
- I/We will follow the ECS-All-Secure health and safety onsite measures.

Our Health & Safety Representative will be: Name: **Mobile Number:**

AGREEMENT

- I, hereby, declare to have read the health guidelines and adhere to them. I understand that this form will be used for public health matters, and I confirm that I have filled the information required accurately and that I have not withheld any relevant medical information or made any misleading statements. In case any of the above information is found to be false/misleading or misrepresenting, I am aware that I/we may be held liable for it.

NB: Please note that you will not be able to pick up your exhibition access/entry pass until this form has been signed and returned. Please remember to take a copy of this form for your records.

To be signed by the authorized personnel representing the participant company.

NAME: **SIGNATURE:** **DATE:**