

BNP PARIBAS HEALTH QUESTIONNAIRE

[Confidential]

First name	
Last name	
UID	

Please list all countries and cities you have visited during the last 14 days:

Country	City	Departure date

During the past 14 days or today, did you experience:

Cough	YES or NO (please circle)
Dry cough	YES or NO
Chest pain	YES or NO
Fever / high temperature	YES or NO
Shortness of breath or respiratory difficulties	YES or NO

Do you feel well enough to attend the workplace?	YES or NO
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[please tick if you agree]

I as an employee am sharing this information expressly and voluntarily with BNP Paribas and understand it will be used for the limited purposes of HR and IT administration and to ensure the health and safety of all employees. It will only be kept as long as necessary for employee records and health and safety or regulatory requirements in the relevant territory.

Signature

Date



BNP PARIBAS

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