

Visitor/Contractor Covid-19 Questionnaire

Name:

Company

Mobile No.:

Visiting:

Date:

To ensure the Safety & Health of all people interacting with XXX Ireland locations, visitors and contractors must complete this declaration form prior to entering our sites. If you indicate to us you have symptoms of COVID-19 OR you have been abroad in the last 14 days with exception to Northern Ireland you should not be at work. Where this is the case, you are prohibited from entering the site and advised to seek professional medical help/assistance

1. Have you visited any of the countries outside Ireland excluding Northern Ireland?	YES / NO
2. Are you suffering any flu like symptoms/symptoms of coronavirus covid-19?	YES / NO
3. Are you experiencing any difficulty in breathing, shortness of breath?	YES / NO
4. Are you experiencing any fever like/Temperature symptoms?	YES / NO
5. Did you consult a Doctor or other medical practitioner?	YES / NO
6. How are you feeling Healthwise?	WELL / UNWELL
7. Have you been in contact with someone who has visited an affected region in the past 14 days?	YES / NO
NOTE: When on site, please adhere to our on-site standard processes/procedures regarding infection control, i.e. hand washing/hand sanitising and general coughing/sneezing etiquette?	
Signature Visitor:	DATE:
(Please circle your answers above)	