COVID-19 Visitor Declaration Form

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| **Name:** |  |
| **Organisation:** |  |
| **Visiting:** |  |

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| 1. | Are you deemed as a ‘vulnerable person’? | Yes/No |
| 2. | Have you had any symptoms of COVID-19 within the last 10 days? | Yes/No |
| 3. | Have you been in contact with any person with symptoms of COVID-19 within the last 14 days? | Yes/No |

If the answer to question 2 or 3 is yes, **DO NOT PERMIT ENTRY** to the premises.

I confirm the information given above is correct and that I will comply with the control measures implemented by the organisation.

***Please ensure you wash your hands on entry to the premises.***

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| **Signed by Visitor:** |  |
| **Dated:** |  |

|  |  |
| --- | --- |
| **Signed by Host:** |  |
| **Dated:** |  |