



Visitor Health Questionnaire

The safety of employees, customers and visitors at _____ remains our overriding priority.

As the Coronavirus Disease (COVID-19) outbreak continues to evolve, _____ are conducting a simple screening questionnaire in order to reduce any potential risk of exposure to our employees, customers and visitors.

Your participation is important to help us take precautionary measures to protect you and those around you. Thank you for your time to complete this questionnaire.

Name:	Phone / Mob. No:
Date:	Time of visit:
Visitor Company/ Organisation Name:	Name of Contact person;

Please tick Yes or No.

If the answer to any of the following questions is “yes”, access may be denied to the premises.

Self-Declaration by Visitor	
1	Have you returned from abroad (<u>any</u> country, excluding Northern Ireland) within the last 14 days? Yes ___ No ___
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes ___ No ___
3	Have you experienced any cold or flu-like symptoms (to include fever, persistent cough, sore throat, respiratory illness, difficulty breathing) in the last 14 days? Yes ___ No ___

Visitor Signature: _____

Access to premises: **denied** / **approved** (circle one).