

Employee Health Questionnaire

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

Full Name:	Phone / Mob. No:	
Date:	Time of visit:	
Visitor Company/ Organisation Name:	Purpose of Visit:	Contact Person:

Self-Declaration by Employee

COVID-19 specific

1.	Have you or a cohabitant or a close member of your family travelled to or through affected countries/regions listed by the Irish Authorities. (China, Hong Kong, Singapore, South Korea, Iran, Japan and the following regions in Italy – Lombardy, Veneto, Emilia-Romagna or Piedmont) in the last 14 days? <div style="text-align: right;">Yes ____ No ____</div> If yes, countries visited: _____
2.	Have you or a cohabitant or a close member of your family been in contact with or near (3 meters) anyone who is now diagnosed to have COVID-19 (Coronavirus)? <div style="text-align: right;">Yes ____ No ____</div>
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? <div style="text-align: right;">Yes ____ No ____</div>
4.	Have you or a cohabitant or a close member of your family been in a hospital or care facility which has experienced a known outbreak of the virus in the last 14 days? <div style="text-align: right;">Yes ____ No ____</div>
5.	Are you or a cohabitant or a close member of your family in a school or workplace which has been closed as a result of an outbreak in the last 14 days? <div style="text-align: right;">Yes ____ No ____</div>
6.	Temperature reading: _____ °C <i>Temperature should be between 36.5-37.5°C.</i>
If you have answered YES to ANY of the above or if temperature reading is out of recommended temperatures, please note you are NOT PERMITTED TO COME TO SITE AND YOU WILL NOT BE ADMITTED ACCESS.	

GENERAL MEDICAL QUESTIONNAIRE

7.	Have you suffered from any sickness, diarrhoea or stomach complaint recently? <div style="text-align: right;">Yes ____ No ____</div>
8.	Have you recently suffered from boils, discharge from ears, eyes or nose? <div style="text-align: right;">Yes ____ No ____</div>
9.	Have you ever suffered from or come in contact with typhoid, paratyphoid or cholera? <div style="text-align: right;">Yes ____ No ____</div>

10.	Are you or have you ever suffered from any contagious disease which would pose a food risk? Yes ____ No ____
11.	Are you suffering from any infections of the skin, nose, throat, ears or eyes? Yes ____ No ____
	If you have answered yes to any of the questions above, please give details in the space provided:
	Employee's Signature:
Received by:	
Full Name: (Block Capitals)	Signature:

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

Notes for Reception/Security

- Please do not permit entry to site to any employee who has answered YES to questions above 2-5 above and inform Management immediately.
- **Please request the point of contact to leave site**