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: |
|-----------------------------|------------------------------|
| | Emergency Contact No: |
| Date: | Home Address: |
| Company/ Organisation Name: | Email: |

| Self-Declaration by Employee | | | |
|------------------------------|---|--|--|
| COVID-19 specific | | | |
| 1. | Have you or a cohabitant or a close member of your family travelled outside of Ireland (excluding Green List Locations) in the last 14 days? | | |
| | Yes No | | |
| | If yes, countries visited: | | |
| 2. | Have you or a cohabitant or a close member of your family been in contact with or near (less than 2 meters more than 15 minutes in 1 accumulative day) anyone who is confirmed or suspected to have COVID-19 (Coronavirus) infection? | | |
| | Yes No | | |
| 3. | Have you experienced any cold or flu-like symptoms (to include high temperature, fever, persistent cough, sore throat, runny nose, respiratory illness, difficulty breathing) in the last 14 days? | | |
| | Yes No | | |
| 4. | Have you or a cohabitant or a close member of your family been in a hospital, care facility, work environment which has experienced a known outbreak of the virus in the last 14 days? | | |
| | Yes No | | |
| 5. | Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? | | |
| | Yes No | | |
| 6. | Have you been advised by a doctor to self-isolate at this time? | | |
| | Yes No | | |
| | Have you been advised by a doctor to cocoon at this time? | | |
| | Yes No | | |

| 7. | Temperature reading:°C (IF 7 | TEMPS ARE TAKEN BY SITE) | |
|--------------|--|--------------------------|--|
| | Temperature should be between 36.5-37.5°C. (Abnormal reading 38°C) | | |
| | 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. | | |
| | Employee's Signature: | | |
| Received by: | | | |
| Full Name: | | Signature: | |
| (Block Capit | als) | | |

Access to premises: Denied / Approved (circle one).

***This company will comply with all applicable to Data Protection Legislation in the processing of the information and personal data provided by the employee in records. By signing you allow personal information to be kept on file by the organisation