

Suspected Case Questionnaire

Name:		
Purpose of Visit:	<i>Employee</i> <input type="radio"/> <i>Visitor</i> <input type="radio"/> <i>Contractor</i> <input type="radio"/>	
Relevant Details: e.g., role of staff member		
Mobile No.:		
Date:	Initial Temperature Reading:	Second Temperature Reading:

To ensure the Health & Safety of all people interacting with [COMPANY NAME], any person(s) who

To ensure the Health & Safety of all people interacting with [COMPANY NAME], any person(s) who shows a high temperature reading upon entering the building must complete this form. If you indicate to us, you have symptoms of COVID-19 OR you have been abroad in the last 14 days with exception to Green List Locations you will be required to either restrict your movements or self-isolate. 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 countries outside Ireland excluding Green List Locations in the last 14 days?	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 (besides the high reading today)?	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 had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?	Yes / No
8. Have you any other medical conditions which may cause an elevated temperature reading? If yes, please provide details below:	Yes / No
9. Have you received confirmation from medical personnel your temperature may be attributed to other factors? Please provide details and/or certificates	Yes / No

My signature indicates that I to the best of my knowledge have answered the above questions honestly. I do not feel my entry to the premises is putting other people at risk. I understand if I have lied or mislead in this questionnaire it can be used as evidence against me having put others at risk of contracting COVID-19.

Suspected Case Signature:	Date:
ACCEPT/ REJECT ENTRY TO PREMISES	Received by Signature: