

Goods & Services Policy

Visitor/Contractor Covid-19 Questionnaire	
Name:	
Company:	
Mobile No.:	
Visiting:	
Date:	

To ensure the Safety , Health & Welfare of all people interacting with [COMPANY NAME], visitors and contractors must complete this declaration form prior to entering our site. 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 of the countries outside of Ireland (excluding Green List Locations)?	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?	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
NOTE: When on site, please adhere to our on-site standard processes/procedures regarding infection control, <i>i.e.</i> , hand washing/hand sanitising and general coughing/sneezing etiquette.	
Signature Visitor:	Date:
ACCEPT/REJECT:	Received by Signature:

(Please circle your answers above)