**COVID-19 Questionnaire / Self-Declaration**

In the interests of safety of the people of this site, their families and the community, Site Management ask that you complete the following questionnaire / self-declaration. Your co-operation and support are appreciated. It would be best not to travel if you answer ‘YES’ to Questions 1,2 or 3.

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| 1. Have you been in close contact with anyone who are confirmed with having COVID-19 virus? |  |  |
| 1. Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days? |  |  |
| 1. Do you have any of the following typical COVID-19 symptoms; fever, high temperature, persistent coughing, or breathing difficulties / shortness of breath |  |  |
| 1. Have you returned to the island of Ireland from another country within the last 14 days? |  |  |
| 1. If ‘**YES**’, where? |  |  |

I confirm that I have responded to the questions above truthfully based on my current condition and I commit to advising the Site Management Team and excluding myself from site if this situation changes, (i.e. if a point in the future, I would answer ‘Yes’ to any of the above questions).

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Submit to:

Name

**COMPANY**