



COVID-19 Visitor information & self-declaration

The health and safety of our employees, clients, families and visitors remain the top priority for us. As the coronavirus continues to evolve, we would ask you to complete the following questionnaire to help prevent the spread of, or exposure to, COVID-19 in our office.

While in our premises, we ask that you

- Wear facemasks
- Exercise safe social distancing guidelines
- Avoid handshakes
- Abide by current health guidelines to frequently wash your hands
- Use hand sanitiser both on arrival and departure and when otherwise necessary
- Avoid touching anything unnecessarily whilst in the office

Please ensure you arrive at your designated time and use the hand sanitiser on entry to the building.

SELF-DECLARATION BY VISITOR	
1.	Have you been diagnosed with COVID-19 within 14 days of your visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been in contact with someone who has been diagnosed with COVID-19 within 14 days of your visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you been in contact with someone who may have been exposed to COVID-19 within 14 days of your visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you experienced any of the following symptoms within 14 days of your visit? <ul style="list-style-type: none">• High temperature• Dry, persistent cough• Loss of taste and smell• Sore throat• Headache and body aches• Chills• Diarrhoea• Difficulty breathing• Feeling weak• Blocked nose <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you visited any facility or location with confirmed COVID-19 cases? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you travelled abroad in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you begin to feel unwell and display any of the symptoms listed in Question 4 above, particularly the first three points, then you should stay at home and follow the current [government guidelines](#).

If you answered 'yes' to any of the questions, you must reschedule your visit or request a virtual meeting instead.

If you answer 'no' to all the questions below, you may proceed with your visit as planned.

Note - if you plan to visit the office on consecutive days, please let your host know immediately if any of your responses change.

Name:

Signature

Date