

Covid 19 Self Declaration Form

Name:

Company:

Complete this form and return it to us at least 3 days prior to attending a course.

Information provided by you may be used for contact tracing purposes.

	Yes	No
Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
Have you been diagnosed with confirmed or suspected COVID19 infection in the last 14 days?		
Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?		
Have you been advised by a doctor to self-isolate at this time?		
Have you been advised by a doctor to cocoon at this time?		
Have you visited a High-Risk country within the past 14 days?		
Have you been in contact with anyone that has visited one of these High-Risk countries in the last 14 days?		

If you develop any of the above symptoms before attending the course or have reason to suspect you have had close contact with a Covid-19 infected person, then you are to stay at home, inform us and to call your doctor.

Signature _____