

Covid-19 Daily Health Declaration

Company/Production:	Date:		
Name:	Contact Telephone:		
Who you are visiting:			

The Main Symptoms of COVID-19 are:

- High Temperature this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- New, Continuous Cough this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- Loss or Change to your Sense of Smell or Taste this means you have noticed you cannot smell or taste anything, or things smell or taste different to normal
- Most people with COVID-19 have at least one of these symptoms

Please answer the following questions:

a) I am displaying symptoms of COVID-19 as described above, or have tested positive for COVID-19 in the last 10 days	YES / NO
b) I should be self-isolating as I suspect I may have been exposed to COVID-19 within the last 10 days	YES / NO
c) I have been notified by the NHS Test and Trace service to self-isolate	YES / NO
d) I should be self-isolating, as I am living in the same household or "support bubble" as someone who has displayed symptoms or has tested positive for COVID-19 within the last 10 days	YES / NO
e) I should be self-isolating after recently arrived from abroad and my job does not qualify for an exemption, and I am not in a possession of a negative test result under the Test to Release scheme.	YES / NO
If you have answered YES to any of the above questions, we regret that we cannot admit you to our premises today.	
f) In the event of a request for contact tracing information You may share my contact details* with NHS Test & Trace	YES / NO

We have a legitimate interest in collecting this personal data to protect the health of our employees, contractors, and visitors. This information will be recorded and securely stored in accordance with our data protection and privacy policies [available on request]. This data will be deleted after 21 days.

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