

Health Declaration for Visitors to the School

Name: |

Name of person visiting at the school: |

I can confirm that I am currently healthy and not displaying any symptoms of Coronavirus.

Yes No

I can confirm that no-one in my household has had any symptoms of Coronavirus for the previous 14 days.

Yes No

I consent to my temperature being taken on arrival at school and during my visit as necessary.

Yes No

I will adhere to the schools current onsite working guidance and policy during my visit.

Yes No

I will wear all appropriate PPE during my visit.

Yes No

I will ensure that I have my identification badge/documents with me and will provide these upon arrival at the school.

Yes No

I will notify the school if I develop any symptoms within 48 hours of my visit.

Yes No

Signed: |

Organisation Name: |

Organisation Address: |

Contact Telephone Number/s: |

Date: |