



Covid-19 daily health declaration

Name:

Contact telephone:

Date:

Company/Production:

Most people with COVID-19 have at least one of these symptoms

- 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

Please answer the following questions:

a) I am displaying symptoms of COVID-19 as described above YES / NO

b) I should be self-isolating as I suspect I may have been exposed to or have been suffering from COVID-19 in the last 10 days and have not yet received a negative test result. YES / NO

c) I have been notified by the NHS Test and Trace service to self-isolate YES / NO

d) I am living in the same household or “support bubble” as someone who is self-isolating YES / NO

e) I should be quarantining or self-isolating after recently arriving from a Red or Amber List country 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

f) I am considered “clinically extremely vulnerable” as defined by the government’s COVID-19 guidelines and should be “shielding”. YES / NO

If you have answered YES to any of the above questions, we regret that we cannot admit you to our premises today.

