**Covid-19 daily health declaration**

Insert company logo and details here.

[This template may be used to gather a daily health declaration from workers and visitors as part of the reception sign-in process. Preferably it should be sent by email or implemented as an online form, rather than as a physical paper form.]

*Name:
Date:*

Visitors should also complete…

*Company/Production:
Visiting:
Contact telephone:*

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 coronavirus have at least one of these symptoms

**Please answer the following questions:**

|  |  |
| --- | --- |
| 1. I am displaying symptoms of COVID-19 as described above
 | **YES / NO** |
| 1. I should be self-isolating as I suspect I may have been exposed to or have been suffering from COVID-19 in the last 14 days and have not yet received a negative test result.
 | **YES / NO** |
| 1. I have been notified by the NHS Test and Trace service to self-isolate
 | **YES / NO** |
| 1. I am living in the same household or “support bubble” as someone who is self-isolating
 | **YES / NO** |
| 1. I should be self-isolating after visiting a country within the last 14 days which is excluded from the government’s list of safe travel corridors
 | **YES / NO** |

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

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/available online]. This data will be deleted after [30] days.

In the event of a request for contact tracing information I am happy for my contact details to be shared with NHS Test & Trace **YES / NO**

*Signature:*