

COVID-19 External Parties Self-Screening Form

_____ is concerned for the safety and health of its employees, members, clients, visitors and contractors and is following the development of the Coronavirus disease (COVID-19) closely. In the interests of maintaining a safe and healthy environment for everyone, we ask that you complete this self-assessment a working day before our staff member visits you/before your arrival at _____

Full Name

Job Title

Company

Mobile Number

Email

		Yes/No
1	Has it been less than 14 days since you returned from any overseas travel?	
2	Have you had close personal contact* with anyone who has returned from overseas travel within the last 14 days?	
3	Have you had close personal contact* with anyone suspected or confirmed to have Coronavirus (COVID-19)?	
4	Are you experiencing: <ul style="list-style-type: none">• Fever• Flu-like symptoms such as coughing, sore throat and fatigue• Shortness of breath	

If you have answered 'Yes' to any of the above questions, please provide details (type 'N/A' if not applicable):

**Note: close personal contact is defined as conversing with someone at a distance of 1.5 meters or less. More information can be found on the World Health Organisation website here.*

Declaration

I hereby declare the information I have provided in this form is true and correct. Your _____ representative/contact will be in contact with you prior to your scheduled visit. Should your answers to the above questions change in the interim, please advise your _____ representative/contact ASAP.

Signature

Date
