

Covid-19 Visitor Questionnaire

To be completed and emailed to the IADT staff member who is arranging your visit.

Name	
Company	
Mobile	
Visiting	
Date	

To ensure the safety and health of all people interacting with IADT campus, each visitor must complete this declaration form prior to entering our site. If you indicate you have symptoms of COVID-19 OR you have been abroad in the last 14 days, you should not be on campus. Where this is the case, you are prohibited from entering the site and advised to seek professional medical help/assistance.

Please delete the non-applicable answer

1	Have you visited any country outside Ireland in the last 14 days?	Yes / No
2	Are you suffering any flu-like or Covid-19 symptoms	Yes / No
3	Are you having trouble in breathing, shortness of breath?	Yes / No
4	Are you experiencing any fever like/temperature symptoms?	Yes / No
5	Do you have a cough?	Yes / No
6	Did you consult a doctor or other healthcare professional in the last 14 days?	Yes / No
7	How are you feeling health wise today?	
8	Have you been in contact with someone who has been diagnosed with Covid-19?	Yes / No
9	Are you sharing accommodation with someone who is self-isolating, awaiting testing for Covid-19 or has tested positive for Covid-19?	Yes / No
10	Have you visited any healthcare facility in the past two weeks?	Yes / No

Note: When on site please adhere to our onsite standard procedures regarding infection control, i.e. hand washing/hand sanitizing and general coughing/sneezing etiquette.

SIGNED: _____