

Contractor & Visitor Covid-19 Questionnaire

Form to be completed electronically and emailed to the IADT manager you are arranging the visit with:

Name	
Company	
Your mobile no.	
Visiting	
Date	

To ensure the safety and health of all people attending IADT campus, each visitor must complete and submit this declaration form prior to entering our site. If you indicate to us you have symptoms of COVID-19 **OR** you have been abroad in the last 14 days, you should not attend campus. If you have any symptoms, you are prohibited from entering the campus 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 experiencing any difficulty 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 campus please adhere to our on-campus procedures regarding infection control, i.e. hand washing/hand sanitizing, general coughing/sneezing etiquette, social distancing and the wearing of face coverings.

SIGNED: _____

Thank you for helping to keep our staff safe!