**COVID-19 Risk Assessment for Visitors**

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| **Section One: Consent** |
| It is important that you complete this Self-Assessment honestly and accurately. Omitting information could put you and others at risk and could also lead to invalidation of any indemnity and insurance cover in place. Retention of completed assessments will be in accordance with GDPR, tailored by the Data Protection Act (2018). Where there is an identified risk to either yourself or someone else, we have a duty of care to disclose information to Occupational Health, relevant University officials, National Institute for Health Protection and/or Local Authorities. Personal contact details will only be used in the event of a public health risk. Whilst every attempt will be made to include you in this decision, this may not always be possible. |
| 1.1 | I consent to the secure storage and release of my personal data as outlined above.  | [ ]  |
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| **Section Two: Visitor Details** |
| 2.1 | Name of Visitor | Click or tap here to enter text. |
| 2.1 | Visitor contact telephone number | Click or tap here to enter text. |
| 2.2 | Visitor contact email address | Click or tap here to enter text. |
| 2.3 | Name of the person you are visiting  | Click or tap here to enter text. |
| 2.4 | Reason for attendance | Click or tap here to enter text. |
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| **Section Three: Screening Questionnaire**  |
| If the response to any of the questions below is ‘yes’, the visit cannot take place and must be moved to a virtual platform or rescheduled to a later date. |
| 3.1 | Have you tested positive for COVID-19 in the last 7 days? | Yes |[ ]  No |[ ]
| 3.2 | Are you waiting for a COVID-19 test or the results? | Yes |[ ]  No |[ ]
| 3.3 | Do you live with or have you come into contact with, someone who has either tested positive for COVID-19 or had symptoms of COVID-19 in the last 14 days? | Yes |[ ]  No |[ ]
| 3.4 | If you have travelled outside of the UK recently, was the country that you travelled to on the UK travel ban red list?(if you are unsure please visit the UK government website for further information <https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors>) | Yes |[ ]  No |[ ]
| 3.5 | Are you are displaying any of the following symptoms  |
|  | New continuous cough (worse than usual or coughing for longer than an hour, or three or more coughing episodes in 24 hours) | Yes |[ ]  No |[ ]
|  | Loss of, or change in, sense of smell or taste | Yes |[ ]  No |[ ]
|  | Fatigue | Yes |[ ]  No |[ ]
|  | High temperature or fever | Yes |[ ]  No |[ ]
|  | Shortness of breath | Yes |[ ]  No |[ ]
|  | Stomach upset | Yes |[ ]  No |[ ]
|  |
| **Section Four: Visitor Declaration** |
| 4.1 | **I have understood the questions and the information I have provided is true, complete and correct to the best of my knowledge. I will adhere to all COVID-19 related signage on site and any other precautions as required.****I will report any changes in my COVID-19 health status to the person named at 2.3 above.** |[ ]
| 4.2 | Signed by Visitor | Click or tap here to enter text. |
| 4.3 | **Date** | Click or tap here to enter text. |