**Visitor Declaration**

I, …………………………………………………………………………………………………………………………..…………….. *(Full name)*

Of……………………………………………………..………………………………………………….……….……………………….. *(Address)*

Declare the following to be true on this ……..…………………………………………..……..………………..*(Today’s date)*

My temperature has been tested on entry and reads ……………..………….... *(Current temperature reading)*

I do not have a sore throat [ ]  *(please tick if true)*

I do not have a runny nose [ ]  *(please tick if true)*

I do not have a cough [ ]  *(please tick if true)*

I do not have chills or sweats [ ]  *(please tick if true)*

I do not have loss or change in sense of taste [ ]  *(please tick if true)*

I do not have loss or change in sense of smell [ ]  *(please tick if true)*

I do not have shortness of breath [ ]  *(please tick if true)*

In the last 14 days, I have not been in contact with a confirmed case of COVID 19 (except in the course of my employment while wearing the appropriate level of PPE) [ ]  *(please tick if true)*

I am not currently required to self-isolate or self-quarantine [ ]  *(please tick if true)*

I am not awaiting a coronavirus test result [ ]  *(please tick if true)*

I am wearing a mask covering my mouth and nose and will keep it on at all times [ ]  *(please tick if true)*

I will wear any other Personal Protective equipment if I am requested to by staff [ ]  *(please tick if true)*

I keep a distance of 1.5m (5 feet) from people at all times [ ]  *(please tick if true)*

I will perform hand hygiene before entering and after leaving a resident’s room [ ]  *(please tick if true)*

***Penalties apply for providing false information. If you have any symptoms, however mild, you must get tested and isolate until your test results are known.***

Signed by visitor or staff member ………………………………………………………………………….………………………………

Temperature taken by………………………………….………………………….……………………….*(Name of staff member)*