

COVID-19 QUESTIONNAIRE – Rev4

Only business critical visitors are permitted at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire for employees returning to work from illness, injury or travel and all visitors, contractors and consultants. Thank you for your time.

Name of employee / visitor / contractor / consultant: _____

Company/Organisation: _____

Name of ISME personnel carrying out questionnaire: _____

Self-Declaration by Employee / Visitor / Contractor / Delivery personnel

Please declare answers to following questions (circle answer)

1	Have you returned from outside UK or Ireland within the last 14 days? <p style="text-align: center;">Yes / No</p> If yes, where from? Check location against Exempted Countries list
2	Have you been in close contact with anyone who has returned from a country not on the exempted countries list within the last 14 days? <p style="text-align: center;">Yes / No</p>
3	Have you had close contact with or cared for someone with COVID-19 symptoms within the last 14 days? <p style="text-align: center;">Yes / No</p>
4	Have you experienced any COVID19 symptoms such as a persistent dry cough or fever in the last 7 days? <p style="text-align: center;">Yes / No</p>

If the answer is “yes” to any of the questions, access to the facility may be denied.

Signature : _____ Date: _____

Note: if you plan to be onsite for consecutive days, please immediately advise your ISME host if any of your responses change. The information collected on this form will be used to determine your access right to ISME premises.

Access to facility (circle one): Approved Denied

Signed: _____ (ISME Personnel) Date: _____