

Health screening form for visitors / applicants

Dear Sir / Madam

To prevent the spread of novel coronavirus (nCoV) in our community and reduce the risk of exposure to our staff, visitors and applicants we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building.

Thank you for your time.

Full name	
Personal contact number	
Home postcode	
Reason for visit	

Self-declaration by visitor

1. If you have the following symptom(s), please tick the relevant box(es)

<input type="checkbox"/>	Fever	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Tiredness
<input type="checkbox"/>	Dry cough	<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	Shortness of breath
<input type="checkbox"/>	Body aches	<input type="checkbox"/>	Runny nose	<input type="checkbox"/>	
<input type="checkbox"/>	Other (please specify)				

2. Have you been in contact with a confirmed novel coronavirus (nCoV) patient in the past 14 days?

Yes No

3. Have you arrived in the UK from abroad in the past 14 days?

Yes No

If yes, please indicate the country(s) you travelled from

Signature: Date:/...../2020

Recorded by staff: