

GENERAL

Name: _____ School: _____

Name of School Principal: _____ Date: _____

**In the interests of the safety of staff, their families and the community, we ask that you complete the following self-declaration before working on / visiting our premises.
Your co-operation and support is appreciated.**

Question	Yes	No
Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes accumulative in 1 day)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been advised by a doctor to self-isolate at this time?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been advised by a doctor to cocoon at this time?	<input type="checkbox"/>	<input type="checkbox"/>
Have you visited any of the countries outside Ireland excluding Northern Ireland?	<input type="checkbox"/>	<input type="checkbox"/>

You will be requested to not enter the building if you answer "Yes" to any of the above questions.

I confirm, to the best of my knowledge that I have no symptoms of COVID-19, am not self-isolating, awaiting results of a COVID-19 test or been advised to restrict my movements. Please note: The school is collecting this sensitive personal data for the purposes of maintaining safety within the workplace in light of the COVID-19 pandemic. The legal basis for collecting this data is based on vital public health interests and maintaining occupational health and will be held securely in line with our retention policy.

SIGNATURE:

DATE COMPLETED: