

DCU COVID-19 Declaration Form

Please return the form to: imvip.dcu2021@gmail.com

Dear [Name],

In accordance with the new Government Health and Safety regulations, it is a requirement that every visitor reads and acknowledges that they have received and read the following information at least 3 days before accessing campus. These new measures have been put in place to protect all while allowing, on a phased basis, campus access.

- *Do you have symptoms of cough, fever, high temperature, sore throat, loss of taste or smell, runny nose, breathlessness or flu like symptoms now or in the past 14 days? **Yes/No***
- *Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? **Yes/No***
- *Are you awaiting the results of a COVID-19 test? **Yes/No***
- *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 2m for more than 15 minutes accumulative in 1 day)? **Yes/No***
- *Have you been advised by a doctor to self-isolate at this time? **Yes/No***
- *Have you been advised by a doctor to cocoon at this time? **Yes/No***
- *Have you travelled internationally to a non-green listed country (at the time of travel) within the last 14 days? **Yes / No***
The Irish Government's 'green-listed' countries are available at:
www.gov.ie/en/campaigns/75d92-covid-19-travel-advice/
- *Have you been advised to restrict your movements at this time? **Yes/No***

Date:

Signature:

If you have answered YES to any of the above you must not come to DCU campus at this time.

All information provided by the visitor in this communication will be treated confidentially.