

Project Name		Site Location:	
Name of person completing:			
Date:			

Potential Risk of Exposure

To help prevent the spread of COVID-19 and reduce the potential risk of exposure, we are conducting a simple screening declaration form ("Declaration"). Your participation is important to help us take precautionary measures to protect you and everyone associated with our projects. Thank you for your patience.

I hereby certify that I have not within the last 14 days;

- Tested positive or am presumptively positive with the Coronavirus or been identified as a potential carrier.
- Experienced any symptoms commonly associated with the Coronavirus.
- Been in any location designated as a risk by the Government or Public Health England including overseas.
- Been in direct contact with or in the immediate vicinity of any person been identified as a carrier or potential carrier of the Coronavirus.





I will consent to having my temperature taken by a member of HCPL staff prior to entrance to the project site and facilities. I acknowledge and accept that this declaration will be considered as my consent to record and store this declaration for the purpose of ensuring the safety of all persons that may encounter. It will be retained in hard copy format at the point of collection and will only be accessed by authorised employees. We will only retain this information for as long as it remains relevant and for a maximum of six months.

..... Date

..... Signature

HEALTH CHECK DECLARATION

YOU CANNOT ENTER THIS OFFICE OR SITE, AND SHOULD GO HOME IMMEDIATELY, IF YOU:

1. Are showing any symptoms of **COVID-19**

2. Have received a **NHS tracing alert** after being in **close contact** with anyone who has been tested and confirmed as having COVID-19

3. Live in the same **household** as someone who has COVID-19 symptoms and been self-isolating in the last 14 days

4. You have returned to the UK from another **non approved country** in the last 14 days


BY ENTERING YOU ARE CONFIRMING THAT NONE OF THE ABOVE APPLIES TO YOU.

HELP PREVENT THE SPREAD AND PROTECT OUR PEOPLE



**NEW,
CONTINUOUS
COUGH**



**HIGH
TEMPERATURE**



**LOSS OF
SMELL OR TASTE**

If you answer yes to any of these statements then please:

- Return home
- Contact your line manager
- Book a test through the NHS website or the Gov UK website if you are an essential worker

