**COVID-19 Health Questionnaire**

This questionnaire must be filled out in advance of attending NIBRT and sent to your NIBRT contact

If there are any changes to your health or concerns over any of the below points from when you sign this form before travelling NIBRT you must inform your NIBRT contact of any changes.

Please sign below:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, loss or change to your sense of smell or taste (this means you’ve noticed you cannot smell or taste anything, or things smell or taste different to normal) or flu like symptoms now or in the past 14 days? |  |  |
| Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? |  |  |
| Are you cohabiting with or have you been in close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days? (less than 2m for more than 15 minutes accumulative in 1 day) |  |  |
| Have you been advised by a doctor to self-isolate at this time? Or are you waiting results of COVID-19 test? |  |  |
| Have you been advised by a doctor to cocoon at this time? |  |  |
| Have you travelled outside the Republic of Ireland in the last 14 days? |  |  |
| Are you in an at-risk group? (see definition on [www.hse.ie](http://www.hse.ie) for Very High or High Risk Groups) |  |  |

*The company 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 interests and maintaining occupational health and will be held securely in line with our retention policy.*