



### **COVID-19 Visitor Declaration Form**

At St. Bernadette Catholic Primary School, the safety of all our pupils and staff remains a top priority. As the coronavirus (COVID-19) outbreak continues, we are asking you to complete this form to help prevent the risk of exposure to and spread of the virus.

If you are unable to agree to the declaration below, we ask that you delay your visit until another time.

Please complete this form prior to your entry into the school. Please hand back to the member of staff who greets you when you arrive.

#### **Following protective measures at our school**

To ensure the safety of everyone at our school, we have implemented a series of strict infection control measures that must be adhered to at all times.

Whilst on the school site, we ask that you:

- Follow all signs and directions, e.g. the one-way system in corridors, and stay only within the areas of the school that were agreed prior to your visit.
- Wash your hands when arriving at and leaving the school.
- If possible, carry and use a hand sanitizer (also available around the school)
- Adhere to social distancing rules, keeping a two-metre distance from others, and avoid physical contact with any individuals who are not part of your team or visiting group where possible.

**Please tick this box to confirm that you understand and agree to follow the measures outlined above.**

#### **Visitor details\***

<b>Full name</b>	
<b>Company/organisation</b>	
<b>Date of visit</b>	
<b>Purpose of visit</b>	
<b>Personal telephone number</b>	

#### **Self-declaration**

I confirm that my answers to the questions below are correct and that I will comply with the control measures implemented by the school whilst I am on the premises.

- Have you been diagnosed with coronavirus within the last 14 days. **Yes/No**
- Have you been in contact with someone who has been diagnosed with coronavirus in the last 14 days. **Yes/No**
- Have you been in contact with someone who may have been exposed to coronavirus within the last 14 days. **Yes/No**
- Do you live with someone who is currently self-isolating due to experiencing symptoms of coronavirus. **Yes/No**
- Have you experienced a new, continuous cough, a high temperature, or a loss of taste or smell within the last 14 days. **Yes/No**

Signed by Visitor: ..... Print name of Visitor: ..... Date: .....

Signed by Staff Member: ..... Print name of Staff Member: ..... Date: .....

**\*Your data is being collected and processed in line with the school's data protection policy. This data may be shared as part of the NHS test and trace programme. For more information on how your data is processed please see our website.**