



COVID-19 - VISITOR DECLARATION

Name	
Position/Organisation	
Name of host	
Purpose of visit	

Please read the following statements and tick to confirm. If you are unable to tick any of the boxes you may not be able to proceed with your visit.	Tick to confirm
I have not experienced any of the Covid-19 symptoms within the last 24 hours eg persistent cough, high temperature, loss of taste/smell	
I have not been in contact with any person who has symptoms or who has tested positive for the virus within the last 14 days	
I do not have any health conditions that class me as extremely clinically vulnerable	
I agree to proceed with the visit whilst carrying out additional hygiene precautions ie hand washing and recommended social distancing	
I agree to remove any face covering and dispose of safely before proceeding with the visit	

Signed		Date	
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