**Visitor Health Questionnaire**

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| **Prior to my visit to the College, I confirm that:****(please put a X in the correct boxes below)** |
| **I have not been diagnosed with or cared for someone with COVID-19 in the past 2 weeks.** |  |
| **I have not shown symptoms of COVID-19 or come into close contact with anyone exhibiting these symptoms in the past 2 weeks.** |  |
| **I have not travelled anywhere out of my daily routine in the past 2 weeks.** |  |
| **I do not have a cough, fever, chills, shortness of breath or loss of taste or smell.** |  |
| **If I begin to show symptoms of COVID-19 within the next 2 weeks, I will contact the College.** |  |
| **I agree to follow all College rules to keep myself and everyone around me safe.** |  |
| **I understand that if any of these circumstances change prior to my interview then I will not be able to come on site and will inform the College as soon as possible.** |  |

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| **Print name:** |  |
| **Signature:** |  |
| **Telephone number:** |  |
| **Date:** |  |
| **Arrival time:** |  | **Expected****Departure time:** |  |
| **Staff member visiting:** |  |