**Ceistneoir Sláinte**

**A picture containing diagram

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**Health Questionnaire**

The safety of our pupils, staff and their respective families remains our overriding priority, therefore we are restricting visitors to our setting at this time. Where a visit to our setting is deemed as ‘essential’, we respectfully ask all visitors to cooperate with our visitor protocols, including the ‘Health Questionnaire’ below:

Thank you for cooperation in supporting us in keeping our setting and our community safe and in supporting us to facilitate un-interrupted face to face learning for our pupils.

|  |  |  |
| --- | --- | --- |
| Visitor’s Name: | | Contact Number: |
| Company: | | Purpose of visit: |
| Temperature on arrival: | | School Contacts (people in contact with during visit) |
| **Self-Declaration by Visitor** | | |
| 1 | Have you or anyone in your household tested positive for Covid-19 within the last 10 days?    Yes                          No | |
| 2 | Have you or anyone in your household experienced symptoms of Covid-19 within the last 10 days?  (fever, cough, sore throat, respiratory illness, difficulty breathing or loss of taste or smell)  Yes                          No | |
| 3 | Have you returned from another country within the last 14 days?  Yes                          No | |
| 4 | Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 10 days?    Yes       No | |
| 5 | Have you received a notification via the StopCOVID NI contact tracing app (or track and trace services) informing you that you have been a close contact of someone with Covid-19 within the last 10 days?    Yes                          No | |

If the answer is **YES** to any of these questions you will not be able to enter the school building.

**Signature                                                                                                           Date:**

**(staff member who carried out the questionnaire)**