**Visiting Proforma**

Welcome to …………………………. As you know, we are currently trying to manage the risk of COVID-19 within our workplace. To ensure that you can carry out your task safely and do not put others at risk, you are asked to read the information below and agree to the necessary actions that are being asked of you. Please answer each question and sign the document at the bottom.

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1. Have you felt unwell recently – especially with a cough, breathlessness, tiredness, a temperature, loss of taste and smell, or vomiting or diarrhoea?

1. Have you been in contact with someone, in the past 14 days, who is suspected of having or is confirmed as having COVID-19?

1. Have you been told by your GP or other NHS professional that you should be isolating?

1. Please supply your contact details below. These may be used by Public Health as part of the ‘Test and Trace’ strategy, should there be a necessity following your visit.

Home or Mobile Number

…………………………………………………………………………………………...

Address

…………………………………………………………………………………………

…………………………………………………………………………………………..

By signing this proforma, you agree that you will follow the Infection Prevention and Control procedures that we have in place here at ………………………….

Thank you for your support.

Name:

Date: