



An Bord Oideachais agus Oiliúna Chathair Bhaile Átha Cliath
City of Dublin Education and Training Board

Visitor Covid-19 Questionnaire

Please print clearly

Name	
Company	
Mobile Number	
Visiting	
Date	

To ensure the safety and health of all people interacting with _____ (*your Company Name*), visitors must complete this declaration form prior to entering our site. If you indicate to us you have symptoms of COVID-19 **OR have been requested self-isolate** you will be prohibited from entering the site and are advised to seek professional medical help/ assistance in line with HSE guidelines.

Please circle your answers

1	Have you visited any country outside Ireland (not on the Green Travel List) in the last 14 days?	Yes / No
2	Are you suffering any flu-like or Covid-19 symptoms	Yes / No
3	Are you experiencing any difficulty in breathing, shortness of breath?	Yes / No
4	Are you experiencing any fever like/temperature symptoms?	Yes / No
5	Do you have a cough?	Yes / No
6	Have you been advised by a doctor to self-isolate at this time?	
7	Have you been in contact with someone who has been diagnosed with Covid-19?	Yes / No
8	Are you sharing accommodation with someone who is self-isolating, awaiting testing for Covid-19 or has tested positive for Covid-19?	Yes / No

Notes:

- When on site please adhere to our onsite standard procedures regarding infection control, i.e. hand washing/hand sanitizing and general coughing/sneezing etiquette.

SIGNED:

Thank you for helping to keep our staff safe!



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Contractor Covid-19 Questionnaire

Please print clearly

Name	
Company	
Mobile Number	
Visiting	
Date	

To ensure the safety and health of all people interacting with _____ (your *Company Name*), contractors must complete this declaration form prior to entering our site. If you indicate to us you have symptoms of COVID-19 **OR** you have been abroad in the last 14 days, you should not be at work. Where this is the case, you are prohibited from entering the site and are advised to seek professional medical help/ assistance.

Please circle your answers

1	Have you visited any country outside Ireland (not on the Green Travel List) in the last 14 days?	Yes / No
2	Are you suffering any flu-like or Covid-19 symptoms	Yes / No
3	Are you experiencing any difficulty in breathing, shortness of breath?	Yes / No
4	Are you experiencing any fever like/temperature symptoms?	Yes / No
5	Do you have a cough?	Yes / No
6	Have you been advised by a doctor to self-isolate at this time?	
7	Have you been in contact with someone who has been diagnosed with Covid-19?	Yes / No
8	Are you sharing accommodation with someone who is self-isolating, awaiting testing for Covid-19 or has tested positive for Covid-19?	Yes / No

Notes:

- When on site please adhere to our onsite standard procedures regarding infection control, i.e. hand washing/hand sanitizing and general coughing/sneezing etiquette.
- Please contact Maintenance before undertaking any work – Reception will call them for you, if necessary.

SIGNED:

Thank you for helping to keep our staff safe!

