



COVID-19 DAILY SELF ASSESSMENT SCREENING QUESTIONNAIRE
(to be handed in at the access point and/or completed at the access point)

If you answer YES to any of the symptom questions you should not come to work, if you do you will not be permitted to enter the workplace.

If you have not completed the Initial Assessment and Training you are not permitted to enter the workplace.

Name of Staff Member/Visitor	
Identity number of staff member/Visitor	
Staff number (staff only)	
Company (visitors)	
Purpose of Visit (visitors)	

Do you have any of the following symptoms?		
Fever (high temperature)	Yes	No
Cough	Yes	No
Sore throat	Yes	No
Shortness of breath	Yes	No
Myalgia (general weakness)	Yes	No
Loss of taste (ageusia)	Yes	No
Loss of sense of smell (anosmia)	Yes	No
Body aches	Yes	No
Redness of the eyes	Yes	No
Nausea/vomiting/diarrhoea	Yes	No

Have you done the Initial Risk Assessment?	Yes	No
Have you done the training and/or watched the training video online?	Yes	No

I hereby certify that the information I have provided in this form is complete, true and accurate and I give permission for the University to validate any information provided.	
In line with the Protection of Personal Information Act, you are required to give permission for the University to check the accuracy of any information provided. Should it become apparent that the information you have provided is false our disciplinary procedures and processes will apply. In the case of visitors you will not be permitted to enter the campus in the future and your company will be advised.	
Signature	
DATE	