

**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.**

**Capacity of visitor to Campus:** (please tick here)

Staff member: ****

 - Academic ****

 - Support ****

Student: ****

Visitor: ****

(Provide full details

in the left hand column)

* **If you have not completed the Initial Assessment and Orientation, you are**

**not permitted to enter the workplace.**

|  |  |
| --- | --- |
| Name of Staff Member / Visitor |  |
| Identity number of staff member / Visitor |  |
| Staff number (staff only) orStudent number (students 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 |

|  |  |  |
| --- | --- | --- |
|  **Risk Assessment and Orientation?** |  |  |
| Have you done the Initial Risk Assessment at the Health Care Centre? | Yes | No |
| Have you done the training and/or watched the training video online? | Yes | No |
|  **Exposure to someone with Covid-19?** |  |  |
| Have you been in contact with someone who has tested positive for COVID-19? | Yes | No |
|  **Declaration:** |
| 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 |  |