

Low Trenchard Church of England School - COVID-19 Visitor Declaration Form

Welcome to Low Trenchard Church of England School. To ensure that you can carry out your visit safely and do not put others at risk, you are asked to read and complete the information below. Please also read the following documents in conjunction with this form: **Visitors to be allowed entry to the school site & Visitor Protocol**

The easing of social and economic measures following the Covid-19 outbreak is being supported by NHS Test and Trace. We will assist this service by keeping a temporary record of our visitors' personal details for 21 days. We will need your name and a contact, preferably mobile phone number – to ensure everyone's safety before you enter the building. Your email and postal address will also be helpful to support NHS information gathering on potential Covid – 19 clusters. We are also asking that you record who you came into contact with during your visit. We will also take your temperature on arrival at the school.

Name			
Your Job/Role/Service			
Contact Tel Number			
Email Address			
Date of Visit			
Time In		Time Out	

Before you start your visit

Please answer the following statements. If you answer yes to any question in blue, please alert a member of the office to discuss your visit. If you answer yes to question 4, 5 or 6 **YOU WILL NOT BE PERMITTED ENTRY** to the school.

1. Have you previously been diagnosed with COVID -19?	Yes	No
2. Do you have a fever or have you experienced fever within the last 14 days?	Yes	No
3. Have you experienced a recent onset of respiratory problems, such as a cough, difficulty breathing with the last 14 days?	Yes	No
4. Do you currently have (or have experienced) any of the following in the past 14 days: <ul style="list-style-type: none">• Altered or loss of taste/smell• Shortness of breath• Fatigue (beyond what you would normally experience)• New and continuous cough• Vomiting or diarrhoea	Yes	No
5. Have you been in contact with any person who is suspected of having or is confirmed as having COVID-19 within the last 14 days?	Yes	No
6. Have you returned from a country which requires you to isolate for 14 days, within the last 14 days?	Yes	No
7. I agree to inform the school if any of the above occur in the next 14 days.	Yes	Np



During your visit

Please note our systems of control, which are in place in our school. If you wish to view our full risk assessment, please visit the school website or ask at our office. Before you leave please complete the information below and return to the school office.

Please ensure that you wash your hands on entry and exit to the school. You will also be required to have your temperature taken.

Contacts during your visit

Please list children, staff or parents, where you have been in close contact for 15 minutes or more.

Name	Class if pupil	Pupil √	Staff √	Visitor √

Track and Trace

The information provided on this form will be used to respond to any infection that occurs within the school or if you yourself report an infection to the school. The school is expected to work with the local public health team when dealing with any infections or outbreaks and will provide all contacts that children, staff or visitors have had where it is relevant.

Signed _____

Date _____



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