**CervicalCheck Tribunal - COVID-19 Questionnaire**

To help prevent the spread of Covid-19 and with a view to protecting all persons on the premises, the CervicalCheck Tribunal requires that you complete the questionnaire below.

If you are attending the Tribunal’s premises for a number of days, consecutively, you are required to complete this form on the first day of attendance and to submit it to a member of the Tribunal staff upon arrival. If, during the course of your attendance at the Tribunal’s premises, there are changes to any of the answers you provide to the questions below, please notify the Tribunal immediately and please do not attend the Tribunal premises.

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| **Question** | **Answer** |
| 1. Do you have any flu like symptoms or symptoms of COVID-19 or have you had such symptoms in the past 14 days?
 | **Yes / No** |
| 1. In particular, do you have any difficulty in breathing or any shortness of breath now or have you had such difficulties in the past 14 days other than as a result of a recognised pre-existing condition?
 | **Yes / No** |
| 1. Do you have symptoms of fever or a temperature of 38° or higher or have you had any such symptoms or such a temperature of 38° in the past 14 days?\*
 | **Yes / No** |
| 1. Have you had a confirmed or a suspected diagnosis COVID-19 infection in the last 14 days?
 | **Yes / No** |
| 1. Are you aware of having been a close contact of a person who has been identified as a confirmed or suspected case of COVID-19 infection in the past 14 days?

A close contact means that you have you been closer than 2 metres from such a person for longer than 15 minutes in any given day. | **Yes / No** |
| 1. Have you been advised by a doctor or health offical to self-isolate at this time?
 | **Yes / No** |
| 1. Please provide details below if there are any other circumstances relating to COVID-19, not included in the above, which may be relevant to your attendance at the CervicalCheck Tribunal.
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\**to facilitate you in recording your temperature there are contactless thermometers available for use in the Tribunal building*

My replies to the above questions are correct. I will continue to monitor my position with regard to the questions during the course of my attendance at the Tribunal’s premises. I will notify the Tribunal as early as possible in respect of any changes to the answers given and, in such circumstances, I will not attend the Tribunal premises. I will adhere to the Tribunal’s procedures regarding infection control as per the notices displayed on the Tribunal’s premises.

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| **Name** |  | **Contact** **No.** |  |
| **Signature** |  | **Date** |  |