**VISITOR RISK QUESTIONS AND ACKNOWLEDGEMENT OF SITE REQUIREMENTS**

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| **INITIAL SCREENING QUESTIONS** |
|  | **Question** | **YES/NO** | **Comment** |
| **1** | **Have you been in contact with anyone with Covid 19 within the last 14 days?** |  |  |
| **2** | **Do you currently have any symptoms of Covid 19? (*see current Government guidance*)** |  |  |
| **3** | **Has anyone in your household had Covid 19?**  |  | If so, refer to: <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/> |
| **All visitors are stringently required to adhere to these school requirements, or they will be asked to leave with immediate effect:** |
|  | **Issue** | **Point to note** | **Visitor acknowledgement**  |
| 1 | Risk of infection – person to person | Social distancing | I will follow the school’s requests and all government advice in respect to social distancing.I will not shake hands with anyone. |
| 2 | Risk of infection – from contaminated surfaces | Site hygiene | I will not touch my face after touching surfaces and will wash my hands as regularly as possible. |
| 3 | PPE | Hand sanitiser, face mask, single use gloves | I understand that the school has the right to say that the wearing of a face mask or face covering is desirable if they feel this is appropriate. |
| 5 |  Welfare facilities  | Toilets  | I understand that the welfare facilities can be used and will follow the school’s requirements for cleaning required. I understand that the school will provide relevant cleaning products. |
| 6 | School documentation | General measures | The school has shown me their own risk assessment which details current control measures and I will ensure that I will adhere to it.  |

**By signing this document, I acknowledge that I will ensure that I will adhere to the school’s requirements.**

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| **Name and signature** |  |
| **Date and time of visit** |  |
| **Name of company** |  |
| **Contact details (phone and email)** |  |