

**Covid-19 Questionnaire / Self-Declaration**

In the interests of the safety of the people at this site, their families and the community, Site Management ask that you complete the following questionnaire / self-declaration. Your co-operation and support are appreciated. You will be requested to leave site if you answer “YES” to Questions 1 - 5. HR must be notified hr@joneseng.com

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| 1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, loss or change to your sense of smell or taste, or flu like symptoms now or in the past 14 days?
 |  |  |
| 1. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?
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| 1. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?
 |  |  |
| 1. Have you been advised by a doctor to self-isolate at this time?
 |  |  |
| 1. Have you been advised by a doctor to cocoon at this time?
 |  |  |
| 1. Have you attended another site prior to this site?
 |  |  |
| **Additional Questions**  |  |  |
| 1. Have you travelled outside of the Island of Ireland in the past 14 days?
 |  |  |
| 1. Are you awaiting a test result for COVID 19?
 |  |  |
| 1. Have you been tested positive for COVID 19? If **‘YES’** estimated date of onset of symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I confirm that I have responded to the questions above truthfully based on my current condition and I commit to advising the Site Management Team and excluding myself from site if this situation changes, (i.e. if a point in the future, I would answer “Yes” to any of the above questions).

**Name** **Company**
**Signature** **Date**