



Visitor Declaration

I, (Full name)

Phone:.....Post Code:.....

Declare the following to be true on this(Today's date)

Time in:..... Time out:..... Area visiting:.....

My temperature has been tested on entry and reads (Current temperature reading)

I declare that;

I do not have a sore throat

I do not have a runny nose

I do not have a cough

I do not have chills or sweats

I do not have loss or change in sense of taste

I do not have loss or change in sense of smell

I do not have any abnormal shortness of breath

In the last 14 days, I have not been in contact with a confirmed case of COVID 19

I am not currently required to self-isolate or self-quarantine

I am not awaiting a coronavirus test result

I am wearing a mask covering my mouth and nose and will keep it on at all times

I will wear any other Personal Protective equipment if I am requested to by staff

I keep a distance of 1.5m (5 feet) from people at all times

I will enter and leave directly without spending time in common areas

I will perform hand hygiene before entering and after leaving a resident's/patient's room

My influenza immunization is current & evidence has been provided to Glenarm (if visiting Glenarm)

Penalties apply for providing false information. If you have any symptoms, however mild, you must get tested and isolate until your test results are known.

Signature