



Visitor form

Visitors to the school must complete this form 24 hours in advance of a meeting. It should be emailed to covid19team@clonturkcc.cdetb.ie

If the answer is Yes to any of the below questions, you are advised to rearrange the meeting or telephone the school.

Name: _____

Date: _____

Name of School: Clonturk CC Name of Principal: Wesleigh O'Hagan

	Questions	YES	NO
1.	Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
2.	Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3.	Have you been advised by the HSE that you are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days?		
4.	Have you been advised by a doctor to self-isolate at this time?		
5.	Have you been in contact with someone who has visited an affected region in the past 14 days?		
6.	Have you been advised by your doctor that you are in the very high risk group? If yes, please liaise with your doctor and Principal re return to work.		

I confirm, to the best of my knowledge that I have no symptoms of COVID-19, am not self-isolating, awaiting results of a COVID-19 test or been advised to restrict my movements. Please note: The school is collecting this sensitive personal data for the purposes of maintaining safety within the workplace in light of the Covid-19 pandemic. The legal basis for collecting this data is based on vital public health interests and maintaining occupational health and will be held securely in line with our retention policy.

Signed: _____ (Print name: email will be taken as virtual signature)