

ColourServe Ltd Coronavirus (COVID-19) Self-Declaration

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time. For travel guidance see: <https://www.gov.uk/coronavirus>

Visitor's Name:

Personal Phone Number (mobile/home):

Visitor's Company/Organization:

1/. Have you travelled overseas or to a restricted area within the last 14days?

Yes **No**

2/. Have you been in close contact with anyone who has travelled overseas or to a restricted area within the last 14 days?

Yes **No**

3/. Have you had close contact with or cared for someone who has tested positive for COVID-19 within the last 14 days?

Yes **No**

4/. Have you tested positive or experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing, loss of taste / smell)?

Yes **No**

If the answer is "yes" to any of the questions, access to the facility will be denied.

Signature (visitor): _____ Date: _____

Note: The information collected on this form will be used to determine your access right to site.

For GDPR information, please see our Privacy Policy at www.colourserve.co.uk Any questions should be directed to info@colourserve.co.uk

Access to facility (circle one): Approved Denied