

COVID-19 New Starter Screening



27th July 2020

New Starter Name:	
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Name of HR / Agency Contact completing this form:	
Signature	
Date	

Symptoms of Covid-19	Yes	No
Are you suffering from a dry cough		
Are you suffering from a high temperature		
Are you suffering a loss or change to your sense of smell or taste		
Are you currently self-isolating due to having symptoms?		
Have you, or do you suspect you have suffered with COVID-19 in the last 14 days?		
Contact with others		
Is anyone in your household showing symptoms or has been confirmed as having COVID-19 in the last 14 days?		
Have you been in close proximity with anyone who has been confirmed, or who has shown symptoms of COVID-19, in the last 14 days?		
Overseas travel into the UK		
Please name any Countries you have visited in the last 14 days and the date(s) of your visit. <i>(Record as N/A if you have not travelled in this period).</i>		
Is this Country NOT INCLUDED in the current UK Government's approved TRAVEL CORRIDOR LIST? <i>(current list is available for review at reception / security)</i>		

If answer 'YES' to any of the question above then access to site is not permitted until the self-isolation/ quarantine period has ended and you are symptom free.

HR / AGENCY to confirm action taken

HR / AGENCY ACTION	
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I confirm that the above answers are accurate.	
New Starter Signature	
Date	