

Commence Training Form Questionnaire

Training Provider / Tutor Name:									
Title of course/activity:									
Location:					Date:				
Attendee Name:									
A. 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?					Yes		No		
B. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?					Yes		No		
C. 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)?					Yes		No		
D. Have you been advised by a doctor to self-isolate at this time?					Yes		No		
E. Have you been advised by a doctor to cocoon at this time?					Yes		No		
F. Are you in a high-risk category for catching COVID – 19? Any underlying health conditions?					Yes		No		
<p>Please complete and return this form to the tutor named above at least 3 days in advance of course commencement date.</p> <p>Please Note: If this form is not completed and returned in advance of course participant will not be permitted to attend.</p>									
ADDITIONAL INFORMATION									
<p>If you develop any of the above symptoms before attending the course or have reason to suspect you have had close contact with a Covid-19 infected person, then you are to stay at home, inform us and call your doctor.</p>									
Signed:						Date:			

Please note: all information will be treated in the strictest of confidence and in accordance with GDPR regulations.