

## National Return to Work Safely Protocol – Attending public courses

### Covid 19 Questionnaire/self declaration

This questionnaire is mandatory required to be completed by each candidate and sent back to [info@kellysafetysservices.ie](mailto:info@kellysafetysservices.ie) 3 days prior to the date of the course. If you answer yes to question 1, 2, 3,4,5 and 6 you must not attend the course, inform us, your family, your GP and self isolate and Stay at home.

Question	Yes	No
1. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
2. Have you been in close contact with anyone who are confirmed with having COVID -19 Virus in the past 14 days? (i.e. less than 2m for more than 15 minutes accumulative in 1 day)		
3. Do you live in the same household with someone who has symptoms of Covid 19 who has been in isolation within the last 14 days?		
4. Do you have any of the following typical COVID 19 symptoms, fever, high temperature, persistent coughing, or breathing difficulties/ shortness of breath.		
5. Have you been advised by a doctor to self-isolate at this time?		
6. Have you been advised by a doctor to cocoon at this time?		
7. Have you returned to the island of Ireland from another country within the last 14 days?		
If yes where?		
<b>If you develop any of the above symptoms before attending the course or have reason to suspect you had close contact with a Covid 9 infected person, then you are to stay at home, inform us and call your doctor.</b>		

I confirm that I have responded to all questions truthfully based on my current condition and I commit to advising Noel Kelly and excluding myself from the training, if this situation changes at any point in the future.

Note: non contact temperature testing is mandatory on the morning of course.

Name \_\_\_\_\_

Company \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***“Collaboration between employers and workers will be central to the success of our return to work.”***