



Reaside Academy COVID-19 Visitor Questionnaire

The health and safety of our staff and students and their families remains the top priority of Reaside Academy. As Covid-19 continues to evolve globally, we are asking you to complete this questionnaire to help prevent the spread of or exposure to Covid-19. If you answer “yes” to any questions, you may be refused entry. If you answer “no” to these questions, proceed with your visit.

While in our school, we ask you to exercise safe social distancing guidelines, avoid handshakes and abide by current health guidelines to frequently and thoroughly wash your hands on arrival and departure (if possible) or use the hand sanitiser and where possible carry and use your own hand sanitiser throughout the visit. Please arrive at your designated time. If you use any PPE, please take it back home with you. Do not dispose of it on our site. Do not touch anything unnecessarily whilst on site.

Visitor Name:	Visitor Mobile/Home Phone Number:
Visitor Company/Organisation:	Host:
Planned Date of visit:	Scheduled Time of visit:

SELF DECLARATION BY VISITOR	
1.	Have you been diagnosed with Covid-19 within 14 days of your visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been in contact with someone who has been diagnosed with Covid-19 within 14 days of your visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you been in contact with someone who may have been exposed to Covid-19 within 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you experienced any of the following symptoms; within 14 days? <ul style="list-style-type: none"> • High temperature • Dry, persistent cough • Anosmia – loss of taste and smell • Sore throat • Headache and body aches • Chills • Diarrhoea • Difficulty breathing • Feeling weak • Blocked nose <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you visited any facility or location with confirmed Covid-19 Cases <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you travelled abroad in the last 14 days? https://www.gov.uk/foreign-travel-advice <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you medically exempt from wearing a face covering? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this include? <input type="checkbox"/> Mask <input type="checkbox"/> Visor <input type="checkbox"/> Both

If the answer to any of the above questions is “yes,” access to the school may be denied. If you answer “no,” please proceed. Thank you.

If you feel unwell and are displaying the symptoms listed in section 4, particularly the first three, please advise the Office staff then leave the building immediately. If you require First Aid, please advise the Office staff.

Access to site: **APPROVED** **DECLINED**