**CORONAVIRUS DAILY HEALTH CHECK FORM FOR *MEOPHAM/SEVENOAKS* SITES**

In response to the global escalation of the coronavirus, *K BEER, R A SIGGS & M GRIFFIN*  is taking precautionary steps to protect the wellbeing of everyone that works within our business. These measures reflect the advice of the UK Chief Medical Officer and current Government guidance.

All staff and agency workers working on our site are required to complete this questionnaire on a daily basis. Contractors should complete the visitor questionnaire before they arrive on site.

**Please complete this form and return to your line manager at the start of your shift.**

**You will not be allowed to work unless we have received a completed and signed form every day.**

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| **Name:** |  |
| **Department:** |  |

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| Are you displaying the main symptoms of coronavirus?   * **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature) * **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) | **Yes** or **No**  (please circle) | If **Yes**, you must not come to work.  Seek immediate medical attention if you have serious symptoms and self-isolate for 7 days or 14 days.  Please use the normal absence reporting procedure to report this to us. |
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| Do you live with someone that has the symptoms of coronavirus? | **Yes** or **No**  (please circle) | If **Yes**, you must not come to work. You must self-isolate for 14 days.  Please use the normal absence reporting procedure to report this to us |
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| Are you one of the vulnerable groups?   * Over 70 * Under 70 and have an underlying health condition * Pregnant * Clinically extremely vulnerable (contacted by NHS via letter or text) | **Yes** or **No**  (please circle) | If **Yes**, can you work from home? Discuss with your manager  If N**o**, you need to self-distance yourself from contact with other people. Contact your HR Department to discuss options |
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| If your answers to the above questions change from No to Yes over the next 24 hours | | If **Yes**, you must not come to work.  Seek immediate medical attention if you have serious symptoms and self-isolate for 7 days or 14 days.  Please use the normal absence reporting procedure to report this to us. |
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| If you have been in contact or helped someone who was taken unwell with the most common symptoms of a new, continuous dry cough, high temperature and tiredness, you do not need to go home unless you develop symptoms yourselves. If you have any of the less common symptoms you should contact NHS 111 for advice. | | You should wash your hands thoroughly for 20 seconds after any contact with someone who is unwell with symptoms consistent with coronavirus infection |

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| SIGNATURE: | DATE: |

\*Refer to: <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19>

Any personal data submitted pursuant to this questionnaire will be used for the purposes of us confirming your identity, assessing your suitability for accessing the site, ensuring appropriate controls are in place where necessary with regard to your visit and ensuring your health and safety whilst on site. For further information on how we may process your personal data (including information on your rights), please read our Privacy Notice which is available [nfum.unily.com/](https://nfum.unily.com/) By signing this form, you are giving us explicit consent to us processing your personal data in accordance with the above.