

To help prevent the spread of COVID-19 every student / visitor must complete and sign this form before entry / return to CATS. On review of the form, we may contact you and ask you not to enter / return to CATS immediately and will discuss a suitable future date for your entry / return.

All 7 questions **must** be answered and your contact details provided.

Name:			Tel No:	
Address:				
Temp	Temp	Temp	Temp	Temp
Date	Date	Date	Date	Date
Questions				Yes / No
1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, a change in your normal sense of taste or smell (anosmia) or flu-like symptoms now or in the past 14 days?				
2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?				
3. Are you in close contact with a person who has a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes cumulatively in 1 day)?				
4. Have you been advised by a doctor to self-isolate at this time?				
5. Have you been advised by a doctor to shield at this time?				
6. Please provide details below of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow your safe entry / return to CATS or write NONE.				
7. Please list any countries / cities that you have travelled to in the last 14 days or write NONE.				
<p>Have you arrived in England from a country on a travel ban see up to date list: https://www.gov.uk/coronavirus if so, have you self-isolated as per Government guidelines please see here: https://www.gov.uk/guidance/transport-measures-to-protect-the-uk-from-variant-strains-of-covid-19</p>				
<p>If you are unsure whether or not you are in an at-risk category, please check the further information on people at higher risk from Coronavirus which can be accessed via this link: https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/</p>				

It is imperative that if your situation changes after you complete and submit this form, that you inform staff at CATS immediately. This information will be stored securely at CATS for no longer than 21 days and used for contact tracing purposes if necessary. You may contact us at any time to have your data removed before that time has elapsed.

Print Name:.....Signature.....Date:.....

I can confirm that there has been no change in my circumstances:

Print Name:.....Signature.....Date:.....

Print Name:.....Signature.....Date:.....

Print Name:.....Signature.....Date:.....

Print Name:.....Signature.....Date:.....

Checked by CATS: Name:.....Date:.....