

# Covid 19 Health Status Self Declaration

The data from this form is stored in accordance to GDPR regulations. Your response is confidential and will not be shared, nor used for contact except as agreed to for CV19 Trace purposes.

**\*Required**

Have you had any symptoms consistent with COVID-19 (any one or more of the following: a high or raised temperature, a new, continuous cough and especially a loss or change to your sense of smell and taste) during the previous 14 days? \*

- Yes  
 No

Have you / anyone you live with / within your support bubble had any symptoms consistent with COVID-19 in the previous 14 days? These may include fevers and chills, shortness of breath, mild or moderate difficulty breathing, sore throat, runny nose, nasal congestion, vomiting, muscle pain, diarrhoea. \*

- Yes  
 No

Are you currently required to self isolate? Meaning you have returned from travel abroad with quarantine restrictions OR live with someone who has tested positive for CV19? \*

- Yes  
 No

If you answered yes to the above when are you out of these restrictions (if no go to next question)

DD MM YYYY  
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Have you had close contact with or been contact-traced as being in the proximity of someone known to be infected with COVID-19 within the last 14 days? \*

- Yes  
 No

If you develop any such symptoms within 14 days of visiting this workplace, do you agree to have a COVID-19 test, and if positive inform us and inform those with whom you were in close proximity \*

- Yes  
 No

Name Printed \*

Your answer

Address for Track & Trace \*

Your answer

Date \*

DD MM YYYY Time  
\_ / \_ / \_ : \_

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