# Self-Declaration Form COVID-19

This questionnaire must be completed by all staff in advance of providing substitution/staff replacement service in the school.

If the answer is Yes to any of the below questions, you are advised to seek medical advice and you cannot proceed with the proposed substitution work until you are medically certified to do so.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Questions** | **YES** | **NO** |
| 1. | Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness 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. | Have you been advised by the HSE that you are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days? |  |  |
| 4. | Have you been advised by a doctor to self-isolate at this time? |  |  |
| 5. | Have you been advised by a doctor to cocoon at this time? |  |  |
| 6. | Have you been advised by your doctor that you are in the very high risk group? |  |  |

I confirm, to the best of my knowledge that I have no symptoms of COVID-19, am not self-isolating or awaiting results of a COVID-19 test and have not been advised to restrict my movements.

Please note: The school is collecting this sensitive personal data for the purposes of maintaining safety within the workplace in light of the COVID-19 pandemic. The legal basis for collecting this data is based on vital public health interests and maintaining occupational health and this data will be held securely in line with our retention policy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_