

**Visitor Signing In Form
COVID-19**

Welcome to Mark Rutherford School. We are asking you to complete this form to ensure we are maintaining a record of our visitors in the event of there being a case of COVID-19 in our school. This information will only be shared with the NHS Test, Track and Trace system where required and this form will be destroyed after 21 days in line with the current Government guidance.

Name: _____

Contact Number: _____

Visiting (Staff and/or Student Name(s)): _____

Date: _____

Arrival Time: _____

Do you currently have any of the following symptoms?

Cough	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Breathlessness	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sore Throat	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fever	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Runny or stuffy nose	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Headaches or aches/pains	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fatigue	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Loss of taste and/or smell	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Declaration:

- I, the undersigned, confirm my identity as shown above.
- No-one in my household has tested positive for COVID-19 in the past 14 days.
- No-one in my household has been contacted and asked to self-isolate under the Government's Test, Track and Trace scheme in the last 14 days.
- I have not had any close contact with anyone displaying flu-like symptoms in the last 14 days.
- I have not returned from any overseas destinations in the last 14 days.
- I have not had any close contact with anyone who has returned from any overseas destinations in the last 14 days.

A copy of the whole school risk assessment is available upon request or alternatively can be found on the school's website.

By signing this form I declare that the information I have provided is accurate and correct.

Signed: _____

Office Use Only:

Date for form to be destroyed – 21 days after the date given above: _____