

SELF DECLARATION

In the interest of the safety of Amanza Staff, course participants, their families and the community , please complete the following questionnaire / self-declaration.

If you answer 'Yes' to any of the below questions PLEASE DO NOT ATTEND the course and please contact AMANZA SAFETY TRAINING immediately to reschedule.

Your cooperation and support are appreciated.

QUESTIONS	YES	NO
1. Have you been in close contact with a confirmed / suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?		
2. Have you been diagnosed with confirmed / suspected COVID-19 infection or been advised , by a doctor to self isolate within the past 14 days?		
3. Do you have any of the following typical COVID-19 symptoms; fever, high temperature, persistent coughing, or breathing difficulties / shortness of breath?		
4. Have you been advised by a doctor to cocoon at this time?		
5. Have you returned to the island of Ireland from another country within the last 14 days? If 'YES', where?		
Is there any other details that need to be considered omitted above that should be considered as to why you should not attend course?		

I confirm that I have responded to the questions above truthfully based on my current condition.

Name: _____ (BLOCK CAPITALS)

Signature _____

Date: _____