

VISITOR'S DECLARATION

In the current COVID-19 environment and sustained community transmission of the virus, it has become imperative that Avenues implement a number of precautions within our services/locations to ensure safety of people we support, our staff and wider community.

We ask that each visitor completes the following form on arrival and on each occasion they visit one of Avenues locations.

Name of the visitor (CAPITALS)	Reason for visit	Date and time sign in/out
Address (unless already recorded elsewhere):		Phone:
Location:		

I (the aforementioned "Visitor") hereby certify that (please tick as appropriate within the table below)*:

*(any "No" answers will prevent you from being granted access to the premises at the location and you will be asked to leave)

	Yes	No
My visit has been prearranged with, and authorised by, the manager of this location		
I have received and agreed with the precautionary measures contained within the risk assessment for this visit as provided to me.		
I have not been outside of the United Kingdom in the last 14 days.		
I have not been asked to self-isolate by the Public Health England/111 service in the last 14 days.		
I do not have symptoms of influenza like illness OR symptoms of acute respiratory infection (e.g. shortness of breath, cough, fever, sore throat)		
I have not been in close contact with anyone with confirmed case of COVID-19 (either in the community or at work) or with anyone awaiting the result of COVID-19 test within the last 14 days.		
Additionally: <ul style="list-style-type: none"> - I consent to my body temperature being checked at the point of entry and understand that I will not be granted access if my body temperature is at or above 37.8°C - I will wear provided face mask at all times while on the premises in line with the instructions provided by staff - I will practice social distancing by keeping 2 meters away from others (no less than 1 meter where 2 meters distance is not practically achievable) - I will maintain hand hygiene as advised by staff at the location and use the alcohol gel provided at the point of entry and before leaving - I consent to Avenues storing a hard copy of this record for a period of 3 months so it may be used as necessary to ensure safety of all persons I may encounter during my visit (and/or people residing at this location) (after the aforementioned period all records will be destroyed in line with Avenues Data Protection policies and procedures copy of which can be obtained from the location manager upon request) 		

Sign:..... Date:.....