**Covid-19 Declaration for Library Users**

|  |  |
| --- | --- |
| **Personal Details** | |
| Name: |  |
| Mobile No: |  |
| Email: |  |

|  |  |  |
| --- | --- | --- |
| **Questionnaire** | **Yes** | **No** |
| Do you currently have, or have you ever been diagnosed as having, Covid-19? |  |  |
| Have you travelled abroad in the last 14 days? |  |  |
| If yes please state where |  | |
| Have you displayed any symptoms of Covid-19 in the last 14 days, namely high temperature, persistent coughing, breathing difficulties / shortness of breath, and or loss of taste or smell? |  |  |
| Do you live in the same household as someone, or have been in close contact with someone, who has displayed symptoms of Covid-19 in the last 14 days or who has a confirmed case of Covid-19? |  |  |
| If yes, please provide details: |  | |
| Have you been advised to self-isolate at this time? |  |  |
| Do you object to your temperature being taken before entering the premises? |  |  |

**Please note that we may not be able to accommodate you at our premises at this time, if you have answered ‘yes’ to any of the questions above.**

**NOTE:** When on site, please ensure you follow our policy in respect of Covid-19, including our on-site standard procedures regarding infection control. These include hand sanitising on entering the premises, regular hand washing, and social distancing.

In line with Government guidelines, library visitors are asked to wear face coverings. We may wish to check your temperature on arrival, and/or supply you with disposable gloves for use in the Library.

I confirm that the information given above is accurate to the best of my knowledge, and that I accept the guidelines as set out and explained to me:

**Print name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_