*Dear [Name],*

*In accordance with the new Government Health and Safety regulations, it is a requirement that every visitor reads and acknowledges that they have received and read the following information at least 3 days before accessing campus.  These new measures have been put in place to protect all while allowing, on a phased basis, campus access.*

➢*Do you have symptoms of cough, fever, high temperature, sore throat, loss of taste or smell, runny nose, breathlessness or flu like symptoms now or in the past 14 days?****Yes/No***

➢*Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?****Yes/No***

* *Are you awaiting the results of a COVID-19 test?* ***Yes/No***

➢*Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?****Yes/No***

➢*Have you been advised by a doctor to self-isolate at this time?****Yes/No***

* *Have you been advised to restrict your movements at this time?* ***Yes/No***

*If you have answered YES to any of the above you must not come on campus at this time.*

*All information provided by the visitor in this communication will be treated confidentially.*