



# Visitor health and travel declaration form

For external visitors, including Biosite employees not based at Lancaster House

Dear Visitor,

In view of the evolving coronavirus (COVID-19) pandemic, we have established precautionary measures for all external personnel in our premises. Your participation is important to help us take precautionary measures to protect you and everyone in our premises.

Date	
Name	
Email	
Contact number	
Name of Biosite host	
Meeting start and end time	

1. Have you travelled to any risk country in the last 14 days? Please indicated where and when.  No  Yes  
Category 1 : \_\_\_\_\_  
Date: \_\_\_\_\_ to \_\_\_\_\_  
Category 2 : \_\_\_\_\_  
Date: \_\_\_\_\_ to \_\_\_\_\_
2. Have you been in **close contact with anyone**
- (a) From the current risk countries in the **last 14 days?**  No  Yes  
(b) who is currently on **quarantine order in the last 14 days?**  No  Yes  
*\*quarantine order can be imposed by government or self-isolation*  
(c) Who has been a **confirmed case in the last 14 days?**  No  Yes  
*\*confirmed case is defined as someone tested positive with the virus.*  
(d) Who is a **suspected case or has been self isolating in the last 14 days?**  No  Yes  
*\*suspected case is defined as pending test results..*
3. Do you have any of the following symptom(s)?
- (a) Fever (37.8 degrees and above)  No  Yes  
(b) Cough  No  Yes  
(c) Respiratory discomfort  No  Yes

Signature : \_\_\_\_\_

Please Note: if you answer yes to any of the questions above please advise your Biosite host or point of contact. If you become symptomatic between completing the form and visiting site, please refrain from attending and contact your host or point of contact.