

COVID-19 ASSESSMENT FOR VISITORS TO PRISM UK MEDICAL GROUP SITES

The health and safety of Prism UK Medical staff and any visitors is our priority. In the interest of helping maintain a safe working environment given the health concerns relating to the current COVID-19 outbreak. We ask all visitors to carefully review the information below and adhere to its requirements. This assessment should be shared with all relevant departments and staff members before any visit. This will not be shared outside of Prism UK Medical Group.

To be completed by proposed visitor:

Question	Response (Circle)	
Have you travelled to a high risk area in the past 14 days? (i.e. places beyond home, shops, exercise route etc.)	Yes	No
Have you had contact with a confirmed case or a person suspected to have COVID-19 in the last 14 days?	Yes	No
Do you have any of the following symptoms? High temperature / fever New continuous cough Loss of, or change in, your normal sense of taste or smell	Yes	No
Have you been unable to practice social distancing protocols for any reason in the last 14 days?	Yes	No
Have you (or will you) use air travel or overnight hotels to facilitate this visit?	Yes	No
Do you have any personal circumstances or concerns that would preclude your visit?	Yes	No

If the answer is **YES** to **ANY** of the above questions, we kindly request that your visit to our site is postponed to a later date.

Has your host confirmed the PPE requirements for the site?	Yes	No
Can you comply with these requirements? <i>(PPE can be supplied on request)</i>	Yes	No

If work is being carried out during the visit then an up to date risk assessment and method statement must be supplied to your host prior to the visit and these must detail actions to protect yourself and any staff members from the spread of COVID-19

I hereby confirm that to the best of my knowledge the above information is correct:

Print:

Sign:

Date:

This form is to be completed 24-48 hours before your visit and returned to your host. You will not be permitted on site if the form has not been received.

Day of Visit

Have ANY of your answers to the questions above changed?	Yes	No
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If the answer is **YES** please inform your host **immediately!**

I hereby confirm that to the best of my knowledge the above information is correct:

Print:

Sign:

Date: