



Personal Assessment Declaration Form

To be completed by all persons <u>attending or providing</u> education and training in CLD

Aim:

- Avoid introduction of COVID-19 virus into group
- Reduce the risk of spread if introduced
- Reduce the harm related to accidental introduction and spread within group
- Observe all HSE COVID-19 guidelines: https://www2.hse.ie/coronavirus/

PLEASE READ CAREFULLY AND ANSWER THE FOLLOWING QUESTIONS			
BEFORE ATTENDING THE CLASSROOM:		YES	NO
1. Are you currently diagnosed with or believe you may have COVID-19?			
2. Have you experienced any of these symptoms in	High Temperature (>38°C)		
the past 14 days?	Cough		
	Shortness of breath or		
	breathing difficulties		
See HSE website for up to date symptoms regarding COVID-19 symptoms :			
https://www2.hse.ie/conditions/coronavirus/symptoms.html	smell or taste		
3. Have you had close contact with anyone who is a suspected or confirmed case			
of COVID-19 within the past 14 days??			
See HSE website to clarify Close V's Casual contact: https://www2.hse.ie/conditions/coronavirus/close-			
<u>contact-and-casual-contact.html</u>			
4. Have you provided direct care for COVID-19 patients in the past 14 days and			
not followed protocol for appropriate precautions and PPE?			
See St James's intranet or your organisation for current guidance			
http://www.stjames.ie/intranet/oncampus/departments/COVID-19/ppeguidance/			
5. Have you or anyone you have been in close contact with travelled from			
outside of Ireland (from a non-Green List zone) within the past 14 days?			
COVID-19 Travel Green List:			
https://www.gov.ie/en/publication/ab625-protocols-for-international-travel/#travel-green-list			
6. Are you particularly vulnerable to severe illness in the event of acquiring			
COVID-19?			
7. Is there any other reason why you should not be attending CLD/course?			
I confirm that the information provided is true and accurate to the best of my knowledge			
I agree to observe the CLD recommendations.			
NAME (Capitals): Dat	apitals): Date:		
Telephone contact no: Tick as appropriate: Learner/Attendee □ Facilitator □			r 🗆
If you have answered <u>YES</u> to any the question above you should not attend. Please contact the course facilitator or cancel your attendance on Learn path.			