



COVID-19 SCREENING QUESTIONNAIRE

Please complete and return to the HSE Department. Email address: hse@plipdeco.com

FAILURE OR REFUSAL TO COMPLETE THIS FORM WILL RESULT IN DENIAL OF ENTRY INTO PORT POINT LISAS

Name		Date of Birth DD/MM/YY	
Gender		Telephone	
City of residence		Country of residence	

1. Please list ALL countries visited in within the last thirty (30) days:

	Country	Date of Visit		Country	Date of Visit
1			3		
2			4		
3			5		

2. Have you visited or been in contact with persons who have visited an affected area identified by the World Health Organization within the last thirty (30) days? Yes No

China, Taiwan, Australia, Belgium, Cambodia, Canada, Egypt, Finland, France, Germany, India, Italy, Japan, Malaysia, Nepal, Philippines, Russia, Sri Lanka, Singapore, Spain, Sweden, Thailand, The Republic of Korea, United Arab Emirates, United Kingdom, United States and Vietnam.

If yes, state particulars _____

3. Do you currently have any of the following symptoms? Yes No (Tick applicable symptoms)

Fever	<input type="checkbox"/>	Cough	<input type="checkbox"/>	Runny nose	<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	Headaches	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	General feeling of being unwell	<input type="checkbox"/>						

By signing this form I declare that the responses contained herein are true and correct and agree to my immediate removal from any of PLIPDECO's sites should any of my responses herein be found to be untrue and incorrect. I also hereby consent to PLIPDECO collecting, processing and storing any of my personal and sensitive data (as defined in the Data Protection Act 2011) provided in this form, for the purposes of determining the level of my exposure to 2019 Novel Coronavirus virus and any further action required to be taken.

Designation	Block Letters	Signature	Date DD/MM/YY
Individual Name			