

DAMUS LIMITED

COVID-19 SCREENING QUESTIONNAIRE

Please complete this form and return to Damus' HSE Department and HR Department
 If returning via e-mail, please use the subject: **Covid-19 Screening Questionnaire** - (followed by your Company/name)
E-mail address: damushse@damusgroup.com or damuscorporate@damusgroup.com

FAILURE OR REFUSAL TO COMPLETE THIS FORM WILL RESULT IN DENIAL OF ENTRY INTO DAMUS' SITES

Name: _____	Date of Birth: _____		
	dd	mmmm	yyyy
E-mail: _____	Tel No.: _____		

What was the last site or area of mass gathering visited? Please state below:

Have you or your family visited any countries or places (e.g. New York, St Lucia, Guyana, Jamaica, Italy, UK Cayman Islands etc.) affected by the COVID-19 virus within the previous fourteen (14) days?

Yes No

If yes, please supply details: _____

Have you or any family member had any direct contact with a person who was diagnosed with the COVID-19 virus within the past fourteen (14) days?

Yes No

If yes, please supply details: _____

Do you have any of the following symptoms? (Tick ONLY if the answer is YES):

Fever Cough Runny nose Sore throat Diarrhea
 Headaches Shortness of breath General feeling of being unwell

DECLARATION

By signing this form, I declare that the responses contained herein are true and correct and agree to my immediate removal from any of Damus' Sites should any of my responses herein be found to be untrue and incorrect.

I also hereby consent to Damus collecting, processing and storing 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 the COVID-19 virus and any further action required to be taken.

Employee:			
	Print Name	Signature	Date

FOR HR/HSE USE ONLY

Reviewed By:			
	Print Name	Signature	Date

Follow up Action Required: Yes No

If Yes, please describe Follow Up Action Taken and Date Implemented: _____