



**VISITOR NOTICE**

To help prevent the spread of COVID-19 and reduce the potential risk of exposure, we are asking all visitors on to site to read and sign the form below.

**Thank you for your patience.**

Name (lead member of group): .....

Contact Telephone Number: .....

I hereby certify that neither I, nor any member of my household, have within the last 14 days;

- Tested positive or am presumptively positive with the Coronavirus or been identified as a potential carrier.
- Experienced any symptoms commonly associated with the Coronavirus.
- Been in any location designated as a risk by the Government or Public Health England (e.g. an area currently classified as 'Very High' risk).
- Have been in close contact with or in the immediate vicinity of any person been identified as a carrier or potential carrier of the Coronavirus.
- Travelled abroad to any country that currently requires 10 days quarantine upon return.

This information will be stored in line with our General Data Protection Regulation Privacy Notice which is available on our website. These forms will be kept for 21 days before being securely destroyed.

Please tick here if you are happy for Westbourne School to use this information for NHS Track and Trace service if required.

Signed: .....

Time in: .....

Date: .....

**OFFICE USE ONLY:**

**Time out:** .....