

## **SAFE PASS COMMENCE TRAINING FORM**

*This form is to establish confirmation that the PARTICIPANT, to the best of their knowledge, has no symptoms of COVID-19, and is not at risk of spreading it in the training room. Form should be filled out and returned to the Safe Pass Tutor (address below) **at least 3 days in advance** of the Safe Pass Course*

Name	
Mobile Number	
Course Date & Venue	

<i>Please tick YES or NO to the following questions</i>		YES	NO
1.	Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
2.	Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
3.	Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?		
4.	Have you been advised by a doctor to self-isolate at this time?		
5.	Have you been advised by a doctor to cocoon at this time?		
6.	Have you recently returned from a country not on the Government green list? (If yes you must self isolate for 14 days)		

**Before commencement of the Safe Pass:**

- You must complete and return the form three days prior to the course.
- Participate in the induction training provided on the morning of the course
- Complete any temperature testing as implemented by the tutor, if requested, in line with Public Health advice.
- **If you develop any of the above symptoms before attending the course or have reason to suspect you have had close contact with a COVID-19 infected person, then you are to stay at home, inform us and call your doctor**

***I confirm that the answers I have given are accurate and I agree with the terms:***

**Signed** ..... **Dated** .....

**KEY SAFETY - TEL: 087 6913277 or 098 42666**  
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