

# POTTER & MOORE INNOVATIONS LTD

## Visitors & Contractors Questionnaire

While you are on site, please comply with the following:

1. Terms and conditions of Medical Screening of Visitors & Contractors policy and questionnaire below.
2. All Health & Safety requirements as detailed by the person you are seeing.
3. Clothing and Jewellery Policy if you will be entering the production & Laboratory areas.

**PLEASE NOTE:** You will not be permitted to enter the site if you have visited one of the Category 1 countries / areas within the last 14 days. For a list, please look at our guide on Foreign Travel.

For Category 2 countries / areas, if you have knowingly been in contact with an infected person you will not be permitted to enter the site.

If you have visited a Category 2 country / area within the last 14 days and have not been in close proximity of an infected person and are symptom free, you will be permitted to enter the site.

Once you have read and understood the notes above, please complete this form accurately and in full.

Date: \_\_\_\_\_ Person visiting: \_\_\_\_\_

**Please complete your name and company details or attach a business card.**

Surname: \_\_\_\_\_ Title: (Mr, Mrs, Miss, Ms)

Forenames: \_\_\_\_\_

Company details: \_\_\_\_\_

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## Visitors & Contractors Questionnaire

Please answer questions below:	Yes	No
Have you been abroad within the last 14 days? If Yes, state country / areas visited and dates: _____ _____		
While abroad did you suffer from the following or since returning have you contracted any of the following:  a/ Stomach conditions – diarrhoea or sickness? b/ Cough / colds / Flu type symptoms / high fever? c/ Eye infection? d/ Other – please state: _____		
Are you currently taking any medication which was prescribed for any of the above conditions? If Yes, please give brief details: _____ _____		
Since returning from abroad have you been diagnosed with any communicable disease? If Yes please give brief details: _____ _____		
Have you been in close contact (less than 2 metres for more than 15 minutes) with anyone who has been diagnosed with coronavirus?		

I confirm that I have read the policies stated above and that the information given above is to the best of my knowledge correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_