Covid19 SELF DECLARATION FORM

The health and wellbeing of our families and babysitters is of utmost importance to us.

Due to the ongoing and rapidly changing situation with Coronavirus (Covi-19), minderfinders recommends that both families and babysitters complete this form, and that completed forms are exchanged between families and babysitters 48 hours in advance of every booking.

We see hand washing as the single most important defence against the spread of infectious diseases.

Good hand hygiene should be modelled and promoted by babysitters to children, in an effort to prevent the transmission of infection.

Public health guidelines should also be followed regarding the use of face coverings.

This data is exchanged in a legitimate effort, as a preventative measure to mitigate the risk of the spreading of Covid-19, and is to be used for the sole purpose of contact tracing.

Family Name: ______________________________
Membership No: ______________________________
Date of Booking: ______________________________
Babysitters Name: ______________________________

□□

Are you or is anybody in your household currently suffering from any of the following flu-like symptoms:

Fever (38◦C or higher)	□ Yes □ No
Cough	□ Yes □ No
Breathlessness	□ Yes □ No
Sore Throat	□ Yes □ No
Others? Please specify	□ Yes □ No

Have you travelled outside of Ireland in the last 14 days? □ Yes □ No

If yes, please list the countries/cities you have travelled to:

Name of Country/City			
Date of Travel/Arrival			
Date of Travel/Return to Ireland			

Have you or anybody in your household been in contact with a confirmed case of Covid19 in the last 14 days? □ Yes □ No

consent to send emails in relation to this matter Yes □ No □ / text messages Yes □ No □: ____________
please sign

I give permission for this information to be shared, if necessary, for the sole purpose of contract tracing.

I understand that this data will be stored confidentially and destroyed after a period of 14 days.

Signed: ______________________ Date: __________________