

Covid-19 Health Check Form

Name:		Date:	
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	Yes	No	Details
Are you currently employed?			
Where was your last job and how long ago was this?			
Have you worked at any other workplace within the last 4 weeks which has had confirmed cases of Covid-19?			
Do you have any of the following symptoms: High Temperature, Cough or Shortness of Breath, Difficulty Breathing, Loss of Taste and Smell. If yes you must self-isolate and book a Covid-19 Test.			
Do you have reason to believe that you have been in contact with anyone who is at risk of having the Coronavirus or has any of the above symptoms?			
Are you or is anyone in your household currently awaiting the results of a Covid-19 Test? If yes, you must self-isolate and forward us a copy of your certificate. If Yes, when was the test completed			
	Date		
Have you been contacted by the NHS Track and Trace or advised that you should self-isolate?			
Have you travelled outside of the UK within the last 14 days? (If yes, where have you travelled to or from and at what date and time did you arrive in the UK?)			
Have you completed your quarantine period if applicable?			

Signed: _____

MTRG Representative: _____ Date: _____

MTR GROUP RECRUITMENT