**CORONAVIRUS (COVID-19) DECLARATION FORM FOR INDIVIDUALS VISITING LIBERTY GLOBAL OFFICES**

Visitor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visitor’s employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of LG employee responsible for your visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the following statements and sign if all are applicable. *Note: Visitors will only be admitted if they are able to confirm all of the following statements***

**1. I confirm that I am not currently experiencing any of the following symptoms: fever, dry cough, tiredness, aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell, rash or skin discoloration on fingers or toes**

**2. I confirm that I and other members of my household (including any overnight guests visiting me) are not currently exhibiting the symptoms in point 1, have not been diagnosed with coronavirus and are not currently awaiting test results for coronavirus**

**3. I confirm that, to my knowledge, I have not been in direct contact with someone who has been diagnosed with coronavirus in the past 14 days**

**4. I confirm I have not been to any “high risk” locations or regions in the last 14 days and am not in breach of local government guidance relating to quarantine**

**5. I confirm that I will follow the Hygiene Factors Guidance as detailed below.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix**

**Hygiene factors guidance**

* **All guidance as per Word Health Organization (WHO) website**
* **Wash your hands frequently -** regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water
* **Maintain social distancing** – keep your distance from others,avoid handshakes, kissing and touching others
* **Avoid touching eyes, nose and mouth**
* **Practice respiratory hygiene -** follow good respiratory hygiene including covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.

**If you have a fever, cough and difficulty breathing, please notify your host and seek medical care**

**----------------------------------------------------------------------**

The data you provide in this form will be processed by Liberty Global on a legitimate interest basis, and will be stored for six months since the date herein, for the purpose of health control and prevention in the scope of the coronavirus disease.

You can exercise your rights (access, objection, erasure, portability and restriction) by sending an email to privacy@libertyglobal.com.