



An tOmbudsman Seirbhísi  
Airgeadais agus Pinsean

Financial Services and  
Pensions Ombudsman

## FSPO Visitor / Contractor

### Covid-19 Declaration

To ensure the Safety & Health of all people on FSPO premises, visitors and contractors must complete this declaration prior to entering our offices. When on site, **all visitors and contractors are required to adhere to our processes/procedures regarding infection control including use of face coverings, physical distancing, hand washing/hand sanitising and general coughing/sneezing etiquette.**

<b>Name:</b>	
<b>Company name (if applicable):</b>	
<b>Mobile number:</b>	
<b>Nature of visit/who are you visiting:</b>	
<b>FSPO location attended (Lincoln House/Clare St/both):</b>	
<b>Date of visit:</b>	

**Please tick as appropriate:**

1. Do you have symptoms of COVID-19 now or in the last 14 days? Check <a href="#">here</a> for a full list of symptoms or see Appendix A attached.	Yes	No
2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	Yes	No
3. Are you awaiting the results of a COVID-19 test?	Yes	No
4. In the past 14 days, have you been in contact with a person who is a confirmed or suspected case of COVID-19?	Yes	No
5. Have you been advised to self-isolate at this time?	Yes	No
6. Have you been advised to restrict your movements at this time?	Yes	No
7. Have you travelled abroad in the last 14 days?	Yes	No

If you indicate yes to any of the questions above, you may be prohibited from entering the FSPO's offices.

I confirm that I will advise the staff member I am visiting if any of the above answers require updating or change before my visit, or within 14 days after my visit.

I acknowledge that the FSPO has informed me of the processing that will take place of my personal data as outlined in the [Privacy Statement](#) and this record will be destroyed within 30 days.

I agree that I will wear a face mask or face covering while on the FSPO's premises.

Name:	Signature:	Date:
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**Visitor/Contractor approved to enter FSPO premises:** **Yes** **No**

**Has the visitor/contractor been given a copy of this form?** **Yes** **No**

**FSPO Staff Member (Name):**

**FSPO Staff Member:**

**(Signature)**

**Date:**

## Appendix A

### Symptoms of COVID-19

Source: <https://www2.hse.ie/conditions/covid19/symptoms/overview/>

The most common symptoms of COVID-19 are:

- [fever \(high temperature - 38 degrees Celsius or above\)](#) - including having chills
- dry cough
- fatigue (tiredness)

Less common symptoms of COVID-19 include:

- [loss or change to your sense of smell or taste](#) – this could mean they're completely gone or just different to normal
- nasal congestion (runny or blocked nose)
- conjunctivitis (also known as red eyes)
- sore throat
- headache
- muscle or joint pain (aches and pains)
- different types of skin rash
- nausea or vomiting
- diarrhoea
- chills or dizziness

Symptoms of severe COVID-19 disease include:

- [shortness of breath](#) or breathing difficulties
- loss of appetite
- confusion
- pain or pressure in the chest
- [fever \(high temperature - 38 degrees Celsius or above\)](#)