



The Watershed COVID-19 Customer/Visitor Questionnaire

Updated as of 5/6/2020

The safety of our employees, customers, families and visitors remain The Watershed’s overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, The Watershed are monitoring the situation closely and will periodically update company guidance based on current recommendations from the HSE and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and Customers, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone attending The Watershed. Thank you for your time.

Name:	Personal Phone Number (mobile/home)

Questions	YES	NO
1. Have you returned to Ireland from another country within the last 14 days? If 'YES', where? _____		
2. Have you been in close contact with anyone who had a confirmed case of COVID-19?		
3. Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days?		
4. Do you have any of the following typical COVID-19 symptoms; <ul style="list-style-type: none"> • Fever • High temperature • Persistent coughing, or breathing difficulties / shortness of breath • Loss of taste or smell 		

If the answer is “yes” to any of the questions, access to the facility will be denied.

Signature: _____ Date: _____

I confirm I have responded to the above questions truthfully based on my current situation. I commit to informing the Watershed team immediately and excluding myself from the facility if my situation changes based on the above questions.

Access to facility: (circle one): Approved Denied