

**Return to Campus: COVID-19 Security Desk Checklist**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Question** | **YES** | **NO** | **N/A** | **Comments** |
| **A** | **About you** | | | | |
| **1** | Are you in the clinically vulnerable or the extremely clinically vulnerable groups as identified within UK Government guidance?  If yes, have you been assessed by your GP or Occupational Health prior to returning to Campus? |  |  |  |  |
| **2** | Can you confirm that you are not under any self-isolation obligation as a result of testing (travel) or track and trace guidelines? |  |  |  |  |
| **3** | Can you confirm that to the best of your knowledge you are free from Coronavirus symptoms?   * New Persistent Cough * Fever/High Temperature * Loss of or change to your sense of taste or smell |  |  |  |  |
| **4** | Are you sharing a home with someone who is shielding? |  |  |  |  |
| **5** | Has your return to Campus been discussed and agreed with your line manager? |  |  |  |  |
| **6** | Are you aware of the additional security being deployed to safeguard cycle parking facilities? |  |  |  |  |
| **7** | Have you been updated on building access processes now in place. |  |  |  |  |
| **8** | Have you been shown the pack of Coronavirus related guidelines and advice documents available and provided with the on-line link in order that you are able to reference them? |  |  |  |  |
| **9** | Please confirm your chosen method of transport to Campus (circle where appropriate) | Walk | Cycle | Private Car | Public  Transport |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Institute/Directorate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Location (Building and Room No.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_