

COVID-19 Screening Form to allow New Employees Access to the Site

Health and Safety of our employees and visitors are our most important priority. To prevent their exposure and minimise the propagation of the coronavirus (Covid-19), we are asking all new employees to answer the questions below to determine if they can access the Irvine site.

If you give a positive response to one of the questions, we will not allow you access to our site. If you decline to answer this questionnaire, we will also not allow you to access our site.

1. Over the last 14 last days, have you travelled anywhere other than for essential shopping, exercise or to pick up medication/visit GP?
YES _____ No _____
2. Have you been in physical contact with anyone who has travelled anywhere other than for essential shopping, exercise or to pick up medication/visit GP over the last 14 days?
YES _____ No _____
3. Have you or anyone in your household been advised by NHS, GP or employer to self-isolate in the last 14 days?
YES _____ No _____
4. Do you or anyone in your household currently have any symptoms (temperature, continuous cough, sore throat, shortness of breath, fatigue, aches/pains/headache, diarrhoea/nausea, runny nose, loss of taste and/or smell).
YES _____ No _____
5. Can you confirm that you and everyone in your household have been free of symptoms (temperature, continuous cough, sore throat, shortness of breath, fatigue, aches/pains/headache, diarrhoea/nausea, runny nose, loss of taste and/or smell) in the previous 14 days?
YES _____ No _____

I give my consent that as part of the Covid-19 containment process at Merck Irvine my information will be held on file for a period of 3 months. This information will only be held in relation to my access to the Irvine site during the Covid-19 risk period and will not be shared in any way unless further consent is obtained from me.

I am fully aware that as an Employee of Merck I must advise my Supervisor or Manager if I display any of the symptoms detailed above regardless of whether I am working from home or attending site.

Date: _____

Surname: _____

Forename: _____

Thank you in advance for collaboration.

