As part of our Covid-19 screening procedures, all research teams must complete the following attestation before allowing trial monitors on site. This form should be complete just prior to allowing monitors on site.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Monitor:** | Enter text. | **Sponsor/Company:** | Enter text. | | |
| **Date of Monitor Visit:** | Enter date. | **Project Reference No:** | Enter text. | | |
| **Study Short Title:** | Enter text. | | | | |
| **Health Screening Questions:** | | | | **Yes** | **No** |
| 1. Evidence of certificate of all 3 COVID-19 vaccinations was sighted | | | |  |  |
| 1. Evidence of completed attestation survey on entry was sighted | | | |  |  |
| 1. Monitor is not presenting with any of the below symptoms:    1. Elevated body temperature    2. breathing difficulties such as breathlessness    3. cough    4. sore throat    5. runny nose    6. fatigue or tiredness    7. loss of taste or smell | | | |  |  |
| 1. Trial monitor has been provided with all PPE required to conduct their visit | | | |  |  |

**DECLARATION BY RESEARCH TEAM REPRESENTATIVE**

* I confirm that the requirements, in accordance with the COVID-19 protocol for allowing the trial monitor to enter WH premises have been met.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Department:** | Enter text. | **Date:** |  |
| **Signature** | | | |
|  | | | |