



THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD & TOBAGO, WEST INDIES

OCCUPATIONAL HEALTH, SAFETY AND THE ENVIRONMENT UNIT

Telephone: (868) 662-2002 Ext: 85502

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Name: _____	Date of Visit: _____
Event: _____	Phone: _____
Assigned Time: _____	
Faculty's Point of Contact: Administrative Officer, FHE – Alicia.Broomes-Julien@sta.uwi.edu	

SELF-DECLARATION BY STUDENT

N.B: If you answer 'Yes' or have checked any of the options besides 'None of the Above', please contact the Faculty's point person above immediately

1	<p>Have you had contact with a lab confirmed case of COVID-19 while you both were not wearing masks or touched shared items without wearing gloves.</p> <ul style="list-style-type: none"><input type="checkbox"/> Shared a home<input type="checkbox"/> Been within 6 feet of each other for at least 15 minutes<input type="checkbox"/> Been sneezed on or coughed on<input type="checkbox"/> Shared eating/ drinking utensils or other items<input type="checkbox"/> Hugged or kissed<input type="checkbox"/> None of the above
2	<p>Have you exhibited any of the following NEW symptoms within the last 48 hours?</p> <ul style="list-style-type: none"><input type="checkbox"/> Fever of 100°F (37.8°C) or above, or possible fever symptoms like alternating chills and sweating<input type="checkbox"/> Cough<input type="checkbox"/> Trouble breathing, shortness of breath or severe wheezing<input type="checkbox"/> Chills or repeated shaking with chills<input type="checkbox"/> Muscle aches<input type="checkbox"/> Sore Throat<input type="checkbox"/> Loss of smell/ taste or a change in taste<input type="checkbox"/> Nausea, vomiting or diarrhea<input type="checkbox"/> Headache<input type="checkbox"/> None of the above

3	Have you been tested for COVID-19 within the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you visited or worked in any facility within the last 7 days where an individual has tested positive for COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No

I _____ confirm that the above information is true and correct and agree to follow all precautionary measures required by the workplace, which may include, but not limited to:

- Avoiding personal greetings (e.g. handshakes) that involve bodily contact with others
- Maintaining 6 feet physical distancing from others
- Wearing a face mask at all times
- Practicing respiratory etiquette, including covering coughs and sneezes
- Practicing frequent handwashing or sanitizing

Signature: _____

Date: _____

DISCLAIMER

We are collecting and processing this personal data as it is necessary for the purposes of the legitimate interests pursued by The UWI and necessary for protecting against serious threats to health.

We do this as preventive measures for our community to mitigate the risk of a Novel Coronavirus disease (COVID-19) outbreak in our organization. Also, we are collecting personal data to be able to support local authorities should this be required.

In such a case, this data will help the authorities to trace a human-to-human transmission of the Virus. This data sheet will not be shared with any third party, unless there will be an official request by the local authorities for reasons of public interest in the area of public health.

Thank you for your cooperation!