

# NURSE ON CALL

## Nursing Services and Recruitment



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### COVID – 19 Self Declaration form

Name: \_\_\_\_\_

Please circle: Nurse      Midwife      Health Care Assistant      Student Nurse

NMBI No: \_\_\_\_\_

PPS No: \_\_\_\_\_

In line with HSE guidelines under COVID-19 I confirm that I will notify the agency if:-

- I have travelled abroad in the last 14 days (outside of the green list as per government guidelines)
- I have symptoms related to COVID-19 (as per HSE guidelines).
- I have been in contact with a person know to have COVID-19 or presently being tested.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Form No: 250

1<sup>st</sup> Issue

