



CORONAVIRUS DISCLOSURE AGREEMENT

I understand that for health and safety reasons, I am required to confirm that I have not returned from any country with coronavirus restrictions within the last 14 days, and that by signing this form

- I am confirming that I have no symptoms of the virus and have not been required to self-isolate on medical advice.
- I agree to follow NIAB and National requirements to follow social distancing and hygiene guidelines.
- I also agree to provide my contact details in case I need to be contacted as part of the Test and Trace process and to co-operate if contacted

Signed:

Name:

Contact details

Address (Business/Personal):

Tel No:

Date:

The above information will be retained by NIAB for 21 days from the day of signing.