**Customer Access to Valuation Office Public Office during COVID-19 pandemic**

**To help prevent the spread of COVID-19, and for the protection of customers and staff, all visitors to the Valuation Office Public Office must complete and sign this form.**

You may email the completed form to [info@valoff.ie](mailto:info@valoff.ie) or bring to the Public Office when you attend for your appointment. All information will be processed in line with GDPR guidelines.

You must answer all questions below. If you answer “Yes” to any of the questions, we regret that it will not be possible to provide you with access to our Public Office services at this time.

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| 1. Do you have, or have you had, symptoms of cough, fever (high temperature), shortness of breath now or in the last 14 days? |  |  |
| 1. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? |  |  |
| 1. Are you a close contact of a person who has been diagnosed with or is a suspected case of COVID-19 in the past 14 days? |  |  |
| 1. Have you travelled into Ireland in last 14 days ? YES/NO If Yes Please provide written confirmation of a negative or ‘not detected’ RT-PCR test result taken no less that 5 days after arrival. |  |  |
| 1. Please provide details in the box below of any other circumstances related to COVID-19, not included in the above, which may need to be considered to provide you with safe access to our Public Office. Further information on persons at higher risk from Coronavirus can be accessed at <https://www2.hse.ie/coronavirus/> If there are none, please state ‘None’ below. | | |
|  | | |

I confirm that I have responded to the questions above to the best of my knowledge, information and belief.

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

Contact Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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