

COVID-19 Declaration

Please read, sign and return this declaration **before** arriving at the RCP

Date:	
Name of event you are attending:	If you are attending an event, please return this form directly to your event organiser
Name of person you are visiting:	If you are visiting a member of the Events team please return this form to: events@rcplondon.ac.uk
Your full name:	
Contact telephone number:	
Contact email address:	

I knowingly and willingly consent to visiting the Royal College of Physicians (RCP) during the COVID-19 Pandemic. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show any symptoms and still be highly contagious.

I confirm that I am not presenting any of the following symptoms of COVID19 listed below:

- Temperature above 37.8C or higher
- Shortness of breath
- Loss of sense of taste or smell
- Dry persistent cough
- Sore throat

I confirm that:

- I have not been around anyone with these symptoms for the past 14 days
- I do not live with anyone who is sick or quarantined
- I am not currently self-isolating
- I am not currently under 14-day quarantine, having returned from travelling outside the UK

To help protect people around me, I understand that I must follow the RCP's safety guidelines and wear a face covering whilst at the RCP.

I agree to all the above mentioned and will not hold the RCP in any way responsible if I go on to show symptoms of the virus after visiting the RCP.

Your information will be held for 21 days by your event organiser if you are attending an event, or by the RCP if you are visiting a member of the Events team.

Name (Print):
Signature:
Date:

We look forward to welcoming you ...

