

Annex 1

Documentation before participation in simulation and practical training at the Simulation and Practice Division in connection with COVID-19

Must be completed by the participants the day before the training. The teacher can fill in some of the information before the form is published on Canvas

**1.Name:** \_\_\_\_\_ **2.Student**  **Teacher**  **External**  Tick as appropriate

**3.Programme / course:** \_\_\_\_\_

**4. The Simulation and Practice Division**

**5.Campus:** \_\_\_\_\_

Pre-screening for COVID-19		
Questions (tick as appropriate)	No	Yes
Have you tested positive for coronavirus (COVID-19) or are you waiting for test results?		
Have you been in close contact with a person infected with coronavirus (COVID-19) in the past two weeks?		
Have you been in a country that requires quarantine on return to Norway in the past two weeks?		
Have you had one or more of the following symptoms that <b>started</b> in the past 2 weeks?		
➤ Fever		
➤ Cough		
➤ Shortness of breath or difficulty breathing		
➤ Headache combined with a general feeling of being unwell or fatigue*		
➤ Reduced sense of smell and/or taste*		
➤ Muscle pain*		
➤ Sore throat*		
➤ Runny or blocked nose or sneezing (common cold symptoms)*		
➤ Pain in the upper abdomen, nausea, vomiting or diarrhoea*		
*If you have had any of these symptoms for a short duration (less than 24 hours, more than three days ago, you can answer no to these questions).		
If you answer yes to any of the questions, you must not participate in the training – contact the relevant lecturer.		

**6.** I have read the “Guidelines for the Simulation and Practice Division – in connection with COVID-19” and hereby commit to abide by them during activity in the practice room.

7. I am familiar with the special rules regarding core groups and know which core group I belong to.
8. I have read the information about hand washing and disinfection.

You must have answered all the questions in items 1–9 before going to the Simulation and Practice Division.

<b>Version:</b> 1.0 <b>Last amended:</b> 20 May 2020	<b>Valid from:</b> 17 June 2020	<b>Approved by:</b> The Director of the Department of Personnel and Organisation Elisabeth E Borhaug	Page 2 of 2
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