

## IÉ Contractor PTS

## **Commence Training Form - COVID-19**

Name:	
Contact Number:	
Email:	
Name of Employer:	
Course Title:	IÉ Contractor PTS
Course Date:	
Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?	
Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	YES NO
Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days?	YES NO
Have you been advised by a doctor to self-isolate at this time?	
Have you been advised by a doctor to cocoon at this time?	
Are there any other circumstances relating to COVID- 19, not included above, which may need to be disclosed to allow you to commence training. If yes, please provide details below:	YES NO
If you develop any of the above symptoms before attending the course or have reason to suspect you have had close contact with a COVID-19 infected person, then you are NOT attend training, inform your employer (who must inform the IÉ Training Centre) and contact your Doctor.	
Note: If your response to any of the questions above changes in the immediate 3 days before commencing training, please contact your employer.	
Signed:Date:	
Form to be completed and returned by email to <u>contractor.pts@irishrail.ie</u> three days prior to the confirmed training date.	
Attachments must be in a PDF format, the attachments must be named to comply with the following format: o <b>Commence Training (Applicant Name_Company Name_Date of course)</b> – one attachment per applicant	

## High risk groups

The list of people in high risk groups includes people who:

- Are over 60 years of age
- Have a learning disability
- Have a lung condition that's not severe (such as asthma, copd, emphysema or bronchitis)
- Have heart disease (such as heart failure)
- Have high blood pressure (hypertension)
- Have diabetes
- Have chronic kidney disease
- Have liver disease (such as hepatitis)
- Have a medical condition that can affect your breathing
- Have cancer
- Have a weak immune system (immunosuppressed)
- Have cerebrovascular disease
- Have a condition affecting your brain or nerves (such as parkinson's disease, motor neurone disease, multiple sclerosis, or cerebral palsy)
- Have a problem with your spleen or have had your spleen removed
- Have a condition that means you have a high risk of getting infections (such as HIV, lupus or scleroderma)
- Are taking medicine that can affect your immune system (such as low doses of steroids)
- Have obesity





