**COVID19 DECLARATION FORM FOR RESEARCH PARTICIPANTS**

**(To be signed in addition to the Consent Form – please read carefully)**

* I have not displayed any COVID-19 symptoms or tested positive for COVID-19 in the 14 days before taking part in the research study.
* I have not knowingly been in contact with anyone displaying COVID-19 symptoms or who has tested positive for COVID-19 in the 14 days before taking part in the research study.
* I am not shielding due to underlying health conditions
* I have read, understood and signed the separate additional protocol specific Covid-19 safety measures (if appropriate)\*
* I understand St Mary’s has implemented Government measures to limit the spread of Coronavirus such as providing anti-bacterial hand gel throughout the University, implementing social distancing by utilising a one-way system for walking around the University, and limiting classroom participants. As such, all possible safety measures have been put in place to make the relevant research activity as safe as is reasonably possibly. I accept it is my own decision to participate and that St Mary’s University cannot be held liable in the event I develop symptoms or Covid-19 infection.

I understand that if during the research, or within two weeks after the last research activity, I develop COVID-19 related symptoms (a new continuous cough, a high temperature, a loss or change to your sense of smell or taste), or come into contact with someone who has tested positive for COVID-19, I must:

* Report the developed symptoms to the lead researcher (lead researcher to insert their name and email address here)\*\*
* Cease participation in the relevant study or studies with immediate effect
* Commence the Government Test and Trace process (<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works> ) and complete the Test and Trace team advised isolation period if tested positive for COVID-19.

You will be able to resume participating in your St Mary’s University research activity ONLY once you have received written confirmation from the Government Test and Trace management team that you are permitted to do so, and/ or you have received a negative test result and feel well enough (evidence will be required).

\* The researcher must ensure they provide participants with a copy of any protocol specific COVID-19 safety measures in advance of the testing and ask them to initial this alongside signing the consent form and CovId-19 Declaration Form.

\*\* If the researcher receives notification from participants then they must immediately alert James Simms (james.simms@stmarys.ac.uk) and the Research Office (research@stmarys.ac.uk)

Title of study (Researcher to fill in)

Name of participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT MUST BE GIVEN A COPY OF THIS FORM TO KEEP