

Covid-19 Self-Declaration Form

First Name:	
Last Name:	
Appointment Date & Time:	

1. Do you have any of the following flu-like symptoms?:

Fever (38 °C or higher)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breathlessness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore Throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others: Please Specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Please list the country /cities you have travelled to in the last 14 days prior to arrival at The White Room.

Name of Country/City:			
Date of Arrival:			
Date of Departure:			

3. Have you or any immediate family member come in close contact with a confirmed case of Covid-19 in the last 14 days? (“Close contact” means being at a distance of less than one metre for more than 15 minutes.)

I have been in close contact with a confirmed case of Coronavirus in the last 14 days.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	--	---------------------------------------

This document will be retained confidentially by The White Room of Minchinhampton for one month after submission.

The health and wellbeing of our community is our priority therefore we reserves the right to deny entry to the premises.

Signature: _____

Date: _____

Private Data Protection Notice:

The information on this form will be stored confidentially and is not shared with any third party, unless there will be an official request by the local authorities for reasons of public interest in the area of public health.

This information will be deleted one month after collection, unless a longer period is required by the public authorities.

Thank you for your cooperation