

## Questionnaire and Declaration

Name:..... DOB: .....

Telephone numbers for contact tracing (list up to three):

.....

Email:.....

Address including postcode:

.....

.....

<b>COVID-19 infection and possible contact</b>	<b>Yes</b>	<b>No</b>
In the last fourteen days have you had a positive test for Covid-19 or had any of the following symptoms: Fever (temperature 37.8c/100f or higher), cough, loss of sense of taste or smell, shortness of breath, chills, sore throat, diarrhea, vomiting or muscle aches and pains?	<input type="checkbox"/>	<input type="checkbox"/>
In the last 42 days (six weeks) have you had any of the above symptoms and have mostly recovered but been left feeling still a bit unwell or short of breath?	<input type="checkbox"/>	<input type="checkbox"/>
In the last fourteen days, have you had contact with anyone who has been confirmed to have COVID-19 or has had a new persistent cough, high temperature (37.8 <sup>o</sup> c / 100 <sup>o</sup> f or higher) or a loss of sense of taste or smell? *	<input type="checkbox"/>	<input type="checkbox"/>
Have you travelled outside the UK in the last 14 days to a country, which does not have a "Bridging Arrangement" with the UK?	<input type="checkbox"/>	<input type="checkbox"/>
In the last 14 days have you been disregarding basic social distancing practices in your daily life, e.g. not wearing a mask in busy public places and not staying at least the Government currently recommended distance away from other individuals when possible?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in a locality, or work in a facility, which has had a local lockdown or closure order imposed and still in force?	<input type="checkbox"/>	<input type="checkbox"/>

\*Healthcare Professionals who work with COVID-19 patients *but are strictly protected while at work* will be allowed on the premises even though they answered "yes" to this question.

**Declaration:**

I declare that the answers recorded above are true to the best of my knowledge and belief. I have read the Skydive St Andrews Covid-19 briefing including the section on Vulnerable Groups. I agree to the recommended distancing, hygiene and face covering measures. In the event of feeling unwell or feverish while at the Skydive St Andrews, I will keep my distance from other individuals and promptly inform a member of staff before arranging to leave the Drop Zone.

In the event of developing symptoms suggestive of Covid-19, or a positive Covid-19 test, in the two weeks after visiting the Drop Zone, I will promptly contact Skydive St Andrews in order to help an effective contact tracing and will provide the Drop Zone contact details to provide the contact tracing services if requested. I consent to the use of my details for the purpose of contact tracing and the release of my details to regional or national contact tracing services if requested.

Signed: .....

Print Name: .....

Temperature Reading: 37.8c / 100f or above

Denied Entry

Screener Name: .....

Date: .....

Below 37.8c / 100f

Entry Approved

