

Visitor's Health Questionnaire & Agreement

Woking Family Contact Centre

Prior to my visit/contact session, I confirm that:

1. I/we have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks.
2. I/we have not shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the past two weeks, nor am I/are we awaiting the results of a recent test for COVID-19.
3. I/we have not travelled outside the UK within the past two weeks, nor have I/we visited an area in the UK in lock down in the last two weeks.
4. I/we do not have a cough, fever, chills, shortness of breath, or loss of taste or smell.
5. If I/we begin to show symptoms of COVID-19 within the next two weeks, I will contact the Centre immediately. I/we will also arrange to be tested and advise the Centre of the result of that test as soon as it is known.
6. If I/we come into contact with someone who is tested, for COVID-19 I will advise Co-ordinator immediately and share the test results as soon as possible.
7. I/we will follow the Centre's Guidance & Procedures for Families to keep myself (and my children) and those around me safe.

Signature

Printed Name.....

Name(s) of child/children attending contact

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Date

Phone number