**Questionnaire for Covid-secure rehearsal**

Date of rehearsal:

|  |  |
| --- | --- |
| Name: |  |
| email: |  |
| Phone: |  |
| Address: | House: |  |
| Road: |  |
| Town/city |  |
| Postcode |  |

Do you have any Covid-19 symptoms or had any in the last 7 days:

* Raised temperature
* New persistent cough
* Loss of or change to your sense of taste or smell

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Have you been in close contact with anyone who has symptoms or has tested positive for Covid-19 in the last 14 days?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Have you been contacted by the national ‘Track and Trace’ service and told you should self-isolate (within 14 days)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Have you returned from abroad and been told to quarantine

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Signed (or sent electronically):

Date:

*If any of the answers above is ‘Yes’ you should not come to the rehearsal.*

*If in doubt see further guidance here:* [*https://www.gov.uk/coronavirus*](https://www.gov.uk/coronavirus)

*We are obliged to gather these details in case of the need for Track and Trace. You may complete this form electronically and email it to me at:* *name@address.uk*

*Otherwise, bring the completed form and drop it into a box at the entrance*