



## Health Screening Form

To prevent the spread of novel coronavirus (COVID-19) in our community, and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire.

Your participation is important to help us take precautionary measures to protect you and everyone in this building.

Thank you for your time.

<b>Your name</b>			
<b>Your mobile phone number</b>			
<b>Do you have any symptoms of coronavirus (a high temperature, a new, continuous cough, or a loss or change to your sense of smell or taste)?</b>	YES	NO	
<b>Have you ever tested positive for coronavirus? If yes, please tell us when.</b>	YES	NO	
<b>Do you live with someone who has symptoms or has tested positive?</b>	YES	NO	
<b>Have you been in close contact with someone who has symptoms, or has tested positive for coronavirus?</b>	YES	NO	
<b>Signature</b>			<b>BSE Approval</b>
<b>Date</b>			