

Reaseheath College Equestrian Centre

Nantwich

Cheshire

CW5 6DF

Covid – 19 Health Screen Questionnaire

Date: Sunday 2nd May

Name:…………………………………………………………………………………………..

Address:………………………………………………………………………………………..

 ……………………………………………………………………………………......

Contact Number: …………………………………………………………………………..

Email: …………………………………………………………………………………………….

Do you have a high temperature? Yes / No

Do you have a new, continuous cough? Yes / No

Do you have a loss of, or change to, your sense of smell or taste?

Yes / No

Does anyone in your household have a high temperature? Yes / No

Does anyone in your household have a new, continuous cough?

Yes / No

Does anyone in your household have a loss of, or change to, your sense of smell or taste? Yes / No

Have you been in contact with anyone who has tested positive for Covid-19 in the last 3 weeks? Yes / No

Signature:………………………………………………………………………………………….