

Redlands - COVID-19 Health Questionnaire

Lead Guest Name:

Date of Arrival:

1. Have you or members of your party had COVID-19 Symptoms in the last 14 days?

Known symptoms include:

- Fever of 38 degrees Celsius or higher (100.4 degrees Fahrenheit)
- Runny nose/sneezing (not hay fever related)
- New dry cough and/or shortness of breath
- Extreme tiredness
- Sore/aching muscles and joints
- Sickness or diarrhoea
- Sore throat

YES NO

2. Have you or members of your party been tested for COVID-19?

YES NO

(If yes please provide give details and date)

3. Have you or members of your party been diagnosed with COVID-19?

YES NO

(If yes please provide the date) Yes – Date:

4. Has anyone in your household tested positive for COVID 19 in the last 14 days?

YES NO

5. Does anyone in your immediate household have symptoms of Covid-19?

YES NO

6. Have you read or do you agree to read the Redlands Guest House COVID-19 secure Policy (pdf on our website) which gives information about how we manage the risks to guests and staff at Redlands? We can supply hard copy if requested.

YES NO

I confirm the above answers to be true to the best of my knowledge.

Signed:

Date:

This document will be held by Redlands Guest House in accordance with our Privacy Policy.