



Winners of Pride of Reading 'Charity of the Year' 2015

## Helping Young People Become Mentally Fit

### HEALTH SURVEILLANCE QUESTIONNAIRE

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce, participants 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 setting.

Guidance surrounding COVID-19 suggests that certain factors may place individuals at higher risk if they contract the virus. It is therefore essential that individuals declare any underlying medical conditions or health concerns which may have an adverse effect.

Name:	Contact Number:	Reason for Attendance:
Venue:	Declaration of an Underlying Condition <b>Y / N</b> Please circle (Please specify or speak to a member of staff)	
<b>Self-Declaration of Personal Health</b>		
Have you had any close contact with or cared for anyone diagnosed with COVID-19 within the last 14 days?	YES / NO	
Have you been diagnosed with COVID-19 within 14 days?	YES / NO	
Have you been in close contact with anyone who has travelled or returned from abroad in the last 14 days?	YES / NO	
Have you experienced a cold, sore throat, high temperature, loss of taste or smell or had difficulty breathing in the last 14 days?	YES / NO	
Has anyone in your household displayed any of the symptoms indicated above in the last 14 days?	YES / NO	
The information provided is accurate and truthful	YES / NO	
I understand that if any circumstances change and any symptoms are	YES / NO	

displayed by myself or a member of my household, I must self-isolate for 7 days	
I will not knowingly attend a Youth Options activity or venue, with doubts about my health with regards to COVID-19	YES / NO

**By signing into a service provided by Youth Options, you are confirming that your circumstances have not changed, and that the information declared on this form remains accurate and correct**

**Name:**

**Signed:**

**Date:**

