

Pill Festival Band - Rehearsal Covid-19 pre screening questionnaire

To be completed no more than 24 hours and a least one hour before each rehearsal attended

* Required

* This form will record your name, please fill your name.

1. Within the last 14 days, have you experienced any of the following symptoms that you cannot attribute to another health condition?

* Shortness of breath/chest pains

* Sore throat

* Body aches

* Loss of taste/smell

* Fatigue/drowsiness *

Yes

No

2. Within the last 14 days, have you had a temperature of more than 37.8°C or the sense of having a fever? *

Yes

No

3.

Within the last 14 days, have you had close contact with someone who is or was sick with suspected covid-19 or tested positive for covid-19? *

Yes

No

4. In the last 14 days have you taken a test for covid-19 for which you are awaiting results or tested positive? *

Yes

No

5. Have you received a letter from the Government advising that you are high risk or do you consider yourself to be high risk? *

Yes

No

6. I confirm that I have read and understood the required guidance for attending rehearsals on the website/received by email and that whilst PFB will take every precaution to minimise the risk of infection, I attend at my own risk. *

Agreed

7. If you have answered yes to any of the above please provide details below and contact a member of the committee before attending rehearsals. *

8. Name *

9. Contact number *

10. Date *



Format: M/d/yyyy

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