

Customer Coronavirus (COVID-19) Health Questionnaire

Name of Businesses	
Date	

A:- If a customer answer <u>"Yes"</u> to any of the questions below you must deny access to your shop/restaurant/salon etc. The Customer must either self-isolate in accordance with government guidance and/or arrange for a Covid-19 Test.

In the past 24 hours, have you experienced- Yes (Y) /No (N)									
Have you been tested for Covid-19 and if "Yes" what was the Result- Please discuss with Business Owner.	Have you recently been in contact with anyone with Symptoms of Covid-19 or anyone who has tested positive for Covid-19	Have you returned from a High Risk Covid- 19 Country	Persistent Dry Cough	High Fever	Lack of Smell & Taste	Aches and Pain or Shortness of Breath (in additional to the other symptoms)			

B:- If you answer <u>"No"</u> to any of the questions above please provide us with your details in accordance with the National Health Service "Track and Track Service.

Name of Customer	· · · · · · · · · · · · · · · · · · ·		Signature of customer	



BrentCustomer Coronavirus (COVID-19) Health Questionnaire