

Staff Coronavirus (COVID-19) Health Questionnaire

Name of Businesses			
Name of Staff			
Month			

If you reply "Yes" to any of the questions below access will be denied. You 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	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)			
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	been tested for Covid-19 and if Yes what was the	Have you been tested in contact with anyone with Symptoms of and if Yes what was the Have you recently been in contact with anyone with Symptoms of Covid-19 or anyone who has tested positive	Have you been tested in contact with anyone for Covid-19 and if Yes what was the have you recently been in contact with anyone returned from a High Risk Covid-19 or anyone who has tested positive have you returned from a High Risk Covid-19 or anyone have the contact with anyone returned from a High Risk Covid-19 or anyone have the contact with anyone returned from a High Risk Covid-19 or anyone have the contact with anyone returned from a High Risk Covid-19 or anyone have the contact with anyone returned from a High Risk Covid-19 or anyone have the contact with anyone returned from a High Risk Covid-19 or anyone have the contact with anyone from a High Risk Covid-19 or anyone have the contact with anyone from a High Risk Covid-19 or anyone have the contact with anyone from a High Risk Covid-19 or anyone have the contact with anyone from a High Risk Covid-19 or anyone have the contact with anyone from a High Risk Covid-19 or anyone have the contact with anyone from a High Risk Covid-19 or anyone have the contact with Symptoms of the contact with	Have you been tested in contact with anyone for Covid-19 and if Yes what was the Have you recently been have you returned from a High Risk Covid-19 or anyone who has tested positive Have you returned from a High Risk Covid-19 or anyone who has tested positive Have you returned from a High Risk Covid-19 or anyone who has tested positive	Have you been tested in contact with anyone for Covid-19 and if Yes what was the have you recently been tested in contact with anyone with Symptoms of Covid-19 or anyone who has tested positive have you returned from a High Risk Covid-19 Country	Have you been tested in contact with anyone for Covid-19 and if Yes what was the have you recently been tested in contact with anyone from a High Risk Covid-19 Country Have you recently been returned from a High Risk Covid-19 Country Have you Persistent Dry Cough Fever Smell & Taste	Have you been tested in contact with anyone for Covid-19 and if Yes what was the have you recently been have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you recently been have you returned from a High Risk Covid-19 Country have you recently been have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned from a High Risk Covid-19 Country have you returned have you returned from a High Risk Covid-19 Country have you returned have you retur		

