Skydiving London Screening Questionnaire – Please complete, print and bring with you to site - SIGNATURE ONSITE ONLY!

Name: (Block Capitals please)…… DOB: ……..

Telephone numbers for contact tracing (list up to three): ……

E-mail: (Block Capitals please)……..

Address including postcode: ……..
……..
……..

COVID-19 infection and possible contact	**Yes**	**No**
In the last fourteen days have you had a positive test for Covid-19 or had any of the following symptoms: Fever (temperature 37.8c/100f or higher), cough, loss of sense of taste or smell, shortness of breath, chills, sore throat, diarrhoea, vomiting or muscle aches and pains?	☐	☐
In the last 42 days (six weeks) have you had any of the above symptoms and have mostly recovered but been left feeling still a bit unwell or short of breath?	☐	☐
In the last fourteen days, have you had contact with anyone who has been confirmed to have COVID-19 or has had a new persistent cough, high temperature (37.8°c / 100 °f or higher) or a loss of sense of taste or smell? *	☐	☐
Have you travelled outside the UK in the last 14 days to a country which does not have a "Bridging Arrangement" with the UK?	☐	☐
In the last 14 days have you been disregarding basic social distancing practices in your daily life, e.g. not wearing a mask in busy public places and not staying at least the Government currently recommended distance (2 metres at the time of writing) away from other individuals when possible?	☐	☐
Do you live in a locality, or work in a facility, which has had a local lockdown or closure order imposed and still in force?	☐	☐

*Healthcare Professionals who work with COVID-19 patients *but are strictly protected while at work* will be allowed on the premises even though they answered "yes" to this question.

Declaration:

I declare that the answers recorded above are true to the best of my knowledge and belief.
I have read the Drop Zone's Covid-19 Briefing including the section on Vulnerable Groups.
I agree to the recommended distancing, hygiene and face covering measures.
In the event of feeling unwell or feverish while at the Drop Zone, I will keep my distance from other individuals and promptly inform a member of staff before arranging to leave the Drop Zone.
In the event of developing symptoms suggestive of Covid-19, or a positive Covid-19 test, in the two weeks after visiting the Drop Zone, I will promptly contact the Drop Zone in order to help effective contact tracing and will provide DropZone contact details to the contact tracing services if requested.
I consent to the use of my details for the purpose of contact tracing and the release of my details to regional or national contact tracing services if requested Only.

Signed: …….. Date: ……

Print Name:

Temperature Reading: 37.8c / 100f or above ☐ Below 37.8c / 100f ☐

Denied Entry ☐ Entry Approved ☐

Screener Name: ……