**Covid-19 Visitor Health Form**

Visitor name:

Date of visit:

Reason for visit:

We kindly request this form be emailed back in advance of your visit to the meeting co-ordinator or member of staff you will be visiting. Any issues with this, please call us on 01293 420500.

**Symptoms, Risk & Responsibility:** To safeguard our students and staff if, you have any covid-19 related symptoms, have visited a high-risk area or have been around anyone with symptoms, please do not attend the premises. Regrettably, those with symptoms on-site will be asked to leave. Thank you for safeguarding those at Ifield Community College.

**GENERAL**

1. **Have you experienced any of the following symptoms within the last 14 days – A fever/ feeling feverish (temperature above 37.8 degrees), continuous cough, shortness of breath, new loss of taste or smell.**

Yes/No

1. **Have you been diagnosed or suspected of having Coronavirus / COVID-19?** Yes/No
2. **Have you been tested for Coronavirus / COVID-19?** Yes/No

**FAMILY & CLOSE CONTACTS:**

1. **Are any household family members or close contacts experiencing a fever/ feeling feverish (temperature above 37.8 degrees), continuous cough, shortness of breath, new loss of taste or smell.**  Yes/No
2. **Have any family members or close contacts been diagnosed with Coronavirus / COVID-19?**

Yes/No

**Additional information:**

1. **Have you been to a high-risk establishment, high-risk area or flown recently?**

Yes/No

1. **Have any of your household family members or close contacts been to a high-risk establishment, high-risk area or flown recently?** Yes/No
2. **Please add in any further information if you feel it is relevant:**