

Brookside Guest House - COVID-19 Questionnaire

Please fill out the below questionnaire for each guest and return it to Info@brooksidebrixham.co.uk at least 24 hours before arrival date. Alternatively, a copy will be available for completion on arrival.

Guest Name:

Date of Arrival:

COVID-19 Questionnaire

1 Have you had any COVID-19 Symptoms in the last 14 days? YES NO

Known symptoms include:

- Fever of 38 degrees Celsius or higher (100.4 degrees Fahrenheit)
- Runny nose/sneezing (not hayfever related)
- New Dry cough and/or shortness of breath
- Extreme tiredness
- Sore/aching muscles and joints
- Sickness or diarrhoea
- Sore throat

2 Have you been tested for COVID-19? YES NO

(If yes please provide the date) **Yes - Date:**

3 Have you been diagnosed with COVID-19? YES NO

(If yes please provide the date)

Yes – Date:

4 Has anyone in your household tested positive for COVID 19 in the last 14 days ? YES NO

5 Have you stayed in any other place other than your own home in the last 14 days ? YES NO

6 Have you read the Brookside Guest House COVID-19 Policy and Risk Assessment on our website? YES NO

7 Have you received the CoVID Vaccination ? YES NO

If yes, Date (1) Date (2)

Signed:

Date:

This document will be held by Brookside Guest House in accordance to our Privacy Policy.

