

Household health form
Screening Checklist for Visitors and Employees

The following questions will be asked to all individuals each week and need to be answered before they can enter the building.

* Parent/Guardian Name

* Child's Name

Are you, or any one in your household, experiencing any of the following symptoms at present (or have done in the last 14 days)?

Fever

Cough

Shortness of Breath

Persistent Pain in the Chest

None of the above

Have you knowingly encountered someone displaying the symptoms of COVID-19 or someone who has tested positive in the last 14 days?

Yes

No

Have you recently travelled outside the UK?

Yes

No

If yes, please state the dates and countries.

Did you comply with the relevant quarantine guidelines?

Yes

No

* I confirm that the above information is accurate to the best of my knowledge and hereby give consent for the information to be shared with Bristol Ballet School staff. The student(s) for which I am responsible, and I agree to comply with all hygiene procedures and rules while present on Bristol Ballet School sites and understand failure to follow these directives may result in termination of * services provided with no refund.

Signature and date