



# 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)							
Date	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 <i>(in additional to the other symptoms)</i>
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