**HEALTH INFORMATION QUESTIONNAIRE**

**(CUSTOMERS AND STUDENTS)**

Information supplied in this questionnaire by AGSOD customers provides a record of health and is used in assessing student’s suitability to attend our course. These records will be stored in line with AGSOD GDPR policy for a maximum of 1 year.

|  |  |
| --- | --- |
| Parent/ Guardian Name: |  |
| Student Name: |  |
| Venue Attended: |  |
| Date in Attendance: |  |

|  |
| --- |
| Are you, or any one in your household, experiencing any of the following symptoms at present (or have done in the last 14 days)? |
| 1. Cough
 | YES / NO |
| 1. Shortness of breath
 | YES / NO |
| 1. High temperature
 | YES / NO |

|  |  |
| --- | --- |
| Have you recently travelled outside the UK? | YES / NO |
| If yes, please state which countries. |  |
| Please state your date(s) of travel outside of the United Kingdom. |  |
| Have you knowingly encountered someone displaying the symptoms of COVID-19 or someone who has tested positive in the last 14 days? | YES / NO |

I, ........................................................................... (name of parent/carer) confirm that the above information is accurate to the best of my knowledge and hereby give consent for the information to be shared with [COMPANY NAME] staff.

The student(s) for which I am responsible, and I agree to comply with all hygiene procedures and rules while present on [COMPANY NAME] sites and understand failure to follow these directives may result in termination of services provided with no refund.

Print Name .............................................

Signature ................................................

Date .......................................................