

## DRLC Coronavirus COVID-19 Visitor Screening

**Please complete and return this form PRIOR TO ENTRY.**

Visitor Details	
Location:	Des Renford Leisure Centre
Parent/Guardian Name ( <i>first and last</i> ):	
Children/s Names:	
Contact Number:	
Date:	

1. Have you travelled overseas in the last month?	Yes	No
<p><i>If you answered 'Yes' to Question 1.</i></p> <p>2. Please specify below details of Countries and Cities travelled to and associated dates?</p>		
3. Have you had any symptoms of the flu, virus or any other illness? eg. fever, cough, shortness of breath, body aches, runny nose, fatigue and/or breathing difficulties. <i>If the answer is 'yes' please provide details below.</i>	Yes	No
4. Have you come into direct contact with anyone who is under investigation or self-isolation in relation to Covid-19 in the past 14 days or would answer 'Yes' to any of the above questions in section 3? <i>If the answer is 'yes' please provide details below, including detail of interaction.</i>	Yes	No
5. In the past 14 days have you been in close contact with anyone whose ability to attend work, or associate with the public, has been restricted by a government authority? <i>If the answer is 'yes' please provide details below.</i>	Yes	No

If you have answered **yes** to any of questions 1 to 5 above then **PLEASE DO NOT ENTER DRLC WITHOUT DISCUSSING YOUR ANSWERS ABOVE WITH A DRLC REPRESENTATIVE.**

If you are a regular visitor to any RCC location then please ensure you advise your RCC representative, prior to attending a site, where your answers to the above change.

I acknowledge that the information provided is true and correct and that any evidence provided is a true copy of the original.

Full Name:	
Signature:	
Date:	