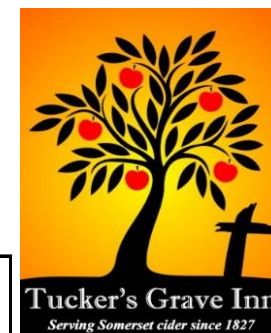


COVID-19 Guest Questionnaire

The safety of our employees, supplier partners, customers, families and visitors remain our priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, Tuckers Grave are monitoring the situation closely and will periodically update company guidance based on current recommendations from the UK Government.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire PRIOR to your visit. Your participation is important to help us take precautionary measures to protect you and everyone on our site.

Thank you for your time.



LEAD GUEST NAME:	CONTACT NUMBER:	DATE OF VISIT:	PITCH NUMBER:
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Guest Name	Have you or a family member returned from overseas travel in the last 14 days from an area listed by Public Health England's guidance?		Have you been in close contact with anyone who has traveled within the last 14 days to an area listed by Public Health England's guidance?		Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		Have you displayed symptoms of the COVID-19 virus including, persistent cough, fever, sore throat, respiratory illness, difficulty in breathing or loss of smell		Have you had the COVID-19 virus?		Guest Signature
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If the answer is "yes" to any of the questions, access to our facility would be denied.

(For Office Use:) Access to facility (circle one): Approved Denied Staff Signature: