

Fair Winds Guest House - COVID-19 Questionnaire

Please fill out the below questionnaire and return it to fairwindsinbrixham@obtmail.com at least 24 hours before arrival date

Guest Name:

Date of Arrival:

COVID-19 Questionnaire

1 Have you had any COVID-19 Symptoms in the last 14 days? YES NO

Known symptoms include:

- Fever of 38 degrees Celsius or higher (100.4 degrees Fahrenheit)
- Runny nose/sneezing (not hayfever related)
- New Dry cough and/or shortness of breath
- Extreme tiredness
- Sore/aching muscles and joints
- Sickness or diarrhoea
- Sore throat

2 Have you been tested for COVID-19? YES NO

(If yes please provide the date) **Yes - Date:**

3 Have you been diagnosed with COVID-19? YES NO

(If yes please provide the date) **Yes – Date:**

4 Has anyone in your household tested positive for COVID 19 in the last 14 days? YES NO

5 Have you stayed in any other place other than your own home in the last 14 days? YES NO

6 Have you read the Fair Winds Guest House COVID-19 Policy and R.A. on our website? YES NO

7 Have you received the Covid-19 vaccine? YES NO

(If 'Yes' please provide date) **Yes – Date:**

Signed:

Date:

This document will be held by Fair Winds Guest House in accordance to our Privacy Policy.