

## COVID-19 Customer Health Questionnaire

To protect our customers and workers, we are asking all customers who have made an appointment to check if they need to be self-isolating due to COVID-19. If you should be in self-isolation, your appointment will be rescheduled for you. All records will be stored in line with GDPR rules/procedures.

Customer / Student Details	
Name:	
Mobile No:	
Email:	

Questionnaire	Yes	No
Do you currently have, or have you ever been diagnosed as having, COVID-19?		
Have you travelled abroad in the last 14 days?		
If yes, please state where:		
Dates of travel:		
Have you displayed any of the symptoms of COVID-19 in the last 14 days?		
<ul style="list-style-type: none"> <li>• persistent coughing</li> </ul>		
<ul style="list-style-type: none"> <li>• loss of taste or smell</li> </ul>		
<ul style="list-style-type: none"> <li>• high temperature</li> </ul>		
Do you live in the same household as someone, or have been in close contact with someone, who has displayed symptoms of COVID-19 in the last 14 days or who has a confirmed case of COVID-19?		

**NOTE:** When on site, please ensure you follow company policy in respect of COVID-19, to include our on-site standard procedures regarding infection control (e.g. hand washing/hand sanitising, general coughing/sneezing etiquette, etc.).

I confirm that the above information is accurate to the best of my knowledge and hereby give consent for the information to be shared with **Amity College**. I agree to comply with all hygiene procedures while present on the premises.

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your records will be deleted after four years, unless we are required by law to keep them for longer. The information on this form will be stored in accordance with the UK Data Protection Act 2018