



Mounttoun Community Facility

Lead Persons Covid-19 Questionnaire

Name: _____
Group or Organisation: _____
Mobile No.: _____
Dates visiting the Facility: _____
Date: _____

To ensure the Safety & Health of all people interacting with Mounttoun Community Facility, The Lead Person in rooms booked at Mounttoun Community Facility must complete this declaration form prior to entering the Facility. If you indicate to us you have symptoms of COVID-19 you should not be visiting the Facility. Where this is the case, you are prohibited from entering the Facility and advised to seek professional medical help/assistance.

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| 1 | Are you suffering any flu like symptoms/symptoms of coronavirus covid-19? | Yes / No |
| 2. | Are you experiencing any difficulty in breathing, shortness of breath? | Yes / No |
| 3. | Are you experiencing any fever like/Temperature symptoms? | Yes / No |
| 4. | Did you consult a Doctor or other medical practitioner? | Yes / No |
| 5. | How are you feeling Health wise? | Well / Unwell |
| 6. | Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)? | Yes / No |

(Please circle your answers above)

NOTE: When on site, please adhere to our on-site standard processes/procedures regarding infection control, i.e. hand washing/hand sanitising and general coughing/sneezing etiquette?

Lead Persons Signature: _____ Date: _____

(Please return this completed form to us prior to your booking)

