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| CRAIGMHOR  *Lodge & Courtyard*  *Health Questionnaire*  **TO BE COMPLETED BY THE LEAD GUEST ON BEHALF OF THE ENTIRE PARTY**  To protect our guests & team, we are asking all customers who come to stay at Craigmhor Lodge & Courtyard to check if they need to be self-isolating due to Covid-19. If you should be in self-isolation, we ask that you do not travel to Craigmhor Lodge & Courtyard. All records will be stored in line with GDPR rules/procedures. | | | | | | |
| **Covid-19 Customer Health Questionnaire (Lead Guest)** | | | | | | |
| **Name:** | |  | | | | |
| **Mobile No:** | |  | | | | |
| **Email:** | |  | | | | |
|  | | | | | | |
| **Questionnaire** | | | | **Yes** | | **No** |
| **Does anyone in your party currently have, or has been diagnosed in the past as having Covid-19?** | | | |  | |  |
| **Are you travelling to Pitlochry from an area currently in Lockdown?** | | | |  | |  |
| **Has any of your party travelled abroad in the last 14 days?** | | | |  | |  |
| **If yes, please state where:** | | | | | | |
| **Dates of travel:** | | | | | | |
| **Has anyone in your party displayed any of the symptoms of Covid-19 in the last 14 days?** | | | | | | |
| f **persistent coughing** | | | |  | |  |
| f **loss of taste or smell** | | | |  | |  |
| f **high temperature** | | | |  | |  |
| **Does anyone in your party 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 you come to stay, please ensure you follow the guidelines laid out in our Craigmhor Lodge & Courtyard Covid-19 Charter and follow social distancing guidelines when out and about in the area.  I confirm that the information provided is accurate to the best of your knowledge and hereby give consent for the information to be shared with Craigmhor Lodge & Courtyard and the NHS/ Government to assist with “Track & Trace/ Test & Protect” enquiries where requested. In addition, you agree to comply with all hygiene procedures while present on the premises. | | | | | | |
| **Print Name:** |  | |  | |  | |
| **Signature:** |  | | **Date:** | |  | |
|  | | | | | | |

