

# Covid -19 Safety Procedures



## Covid-19 Health Screening Form

The purpose of this questionnaire is to screen for possible Covid-19 symptoms and reduce the risk of spreading the virus. Please answer the following questions as honestly and accurately as possible.

**Name:**

**Contact Number:**

***In the last 10days have you had:***

Symptom	YES	NO
A fever?		
A new, continuous cough?		
Any loss or change to your sense of taste or smell?		
Has any member of your household or someone that you have been in contact with reported any of the above symptoms in the last 10 days?		
Has any member of your household or someone that you have been in contact with awaiting a covid-19 test?		
Has any member of your household or someone that you have been in contact with tested positive for Covid-19 in the last 10 days?		
Have you been in contact with the NHS Test and Trace system that you have been in contact with someone who has tested positive for Covid-19?		

It is essential that if you tick Yes to any of the answers above that you will not be able to attend a Bliss Mindfulness 121 appointment, class or workshop. If notice of 24 hours has been provided then a refund will be given. Thank you for taking the time to ensure the safety of you and everyone within the Bliss Mindfulness community.

Vicki x