**Covid-19 Screening Questions**

As part of our supportive measures to protect all volunteers, partners and staff alike, we require some information from you. You must answer the following screening questions and email this to your key contact 48 hours before any volunteering activity or face to face meeting. We will confirm these responses again verbally with all volunteers, meeting attendees and staff on the day.

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| **Name:**  **Contact number:** | **Date:** |
| **Have you had a dry, persistent cough within the last seven days?**  *Note: One that lasts more than half a day* | **YES / NO** |
| **Have you had a fever, however mild, within the last seven days?** | **YES/NO** |
| **Have you noticed a loss or change to your sense of smell or taste?** | **YES/NO** |
| **Have you been in close contact with anyone displaying above symptoms, or anyone with a confirmed case of coronavirus within the last 14 days?** | **YES/NO** |
| **Have you received a letter from your GP stating that you are in a high or moderate risk category or do you fall within the list of *‘Clinically extremely vulnerable’*?**  *Note: See* [*Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19*](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) *for a definition of this.* | **YES/NO** |
| **Are you in a post international travel quarantine period?** | **YES/NO** |
| **Do you need to lift share with anyone out with your household to attend this volunteer activity or meeting?** | **YES/NO** |
| **Please state your town / city of residence.**  **Are you residing in an area that has renewed restrictions on travel or numbers of other households you can meet?** | **Town / City of Residence:**  **YES / NO** |

**Please return to Clara Risi** [**clara.risi@johnmuirtrust.org**](mailto:clara.risi@johnmuirtrust.org)