

**Buxted Symphony Orchestra**  
**Player Questionnaire for Covid-secure rehearsals**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Post Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_

**1 Please Indicate your risk level** by circling one of the following: (if in doubt please consult your GP or refer to NHS Guidance at [nhs.co.uk](https://www.nhs.co.uk) – “people at higher risk from Coronavirus”)

**High      Moderate      Low**

If you have indicated a risk level of High or Moderate your signature below confirms that you attend rehearsals at your own risk.

**2 Please answer the following questions with a cross in the relevant box**

- Are you exempt from wearing a mask or other face covering? 

Yes		No	
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- Do you have an unexplained cough? 

Yes		No	
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- Has your sense of taste or smell changed recently? 

Yes		No	
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- Do you have a raised temperature? 

Yes		No	
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- Have you had contact with anyone with Covid-19 symptoms or who has now tested positive for COVID-19 within the last 14 days? 

Yes		No	
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- Have you travelled abroad in the last 14 days? 

Yes		No	
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- Have you had contact with anyone who has travelled abroad during the last 14 days? 

Yes		No	
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- Have you been contacted by the national ‘Track and Trace’ service and told you should self-isolate within the last 14 days? 

Yes		No	
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**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print (name)** \_\_\_\_\_