



Covid 19 Declaration Form

FULL NAME				
FULL ADDRESS				
POST CODE				
EMAIL ADDRESS				
MOBILE NUMBER				
Are you registered on any track & trace app?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
TESTING				
Have you had a positive Covid-19 test in the past 14 days	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you been in contact with anyone with either Covid-19, or Covid-19 symptoms, in the past 14 days?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has anyone in your household been in contact with anyone with either Covid-19, or Covid-19 symptoms, in the past 14 days?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If your answer is yes to any, then you should self-isolate according to government advice.				
SYMPTOMS - Have you experienced any of the following in the last 7 days?				
Temperature or fever	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Persistent cough or breathing difficulties	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Loss of taste or smell	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If your answer is yes to any, then you should self-isolate according to government advice.				
Do you have any of the following health issues?				
High blood pressure or other heart condition	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Diabetes Type 1 or 2	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Cancer – currently receiving any treatments	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Lung condition – cystic fibrosis, COPD, asthma	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Organ transplant in the last 6 months	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Bone marrow or stem cell transplant in the last 6 months	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Pregnant with a heart condition	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Suppressed immune system and susceptible to infections	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Brain and nervous system conditions	YES		NO	
Heart disease, diabetes, chronic kidney disease and liver disease	YES		NO	
A BMI of 40 or over	YES		NO	
Are you?				
Over 70 – will you have a companion with you?	YES		NO	
An NHS front line worker	YES		NO	
A carer – home or care home	YES		NO	
Shielding a vulnerable adult	YES		NO	
Have you?				
Arrived in the UK from abroad in the last 14 days?	YES		NO	
Been on holiday in the UK in the last 14 days	YES		NO	
Recently been hospitalised, for other than Covid-19?	YES		NO	
Are you?				
Allergic to latex gloves or cleaning products – please specify	YES		NO	
SIGNED				
<p>I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously believing the same to be true. If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.</p> <p>If either I or someone I have been in contact with tests positive for Covid-19 or have been contacted by a tracing app I will inform you.</p> <p>Full name:</p> <p>Date:</p>				

Have you received two doses of the Covid 19 vaccination? Yes/No

If so, when did you receive the second dose?.....

