



**Berry Head Road Brixham
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Grenville House OEC Self-Assessment for COVID-19 Symptoms

PARTICIPANT NAME: - _____

DATE:- _____

Each participant should self-screen prior to arrival to ensure they do not have any of the following symptoms (confirmed by a parent for those under age 18)	Check Negative	Check Positive
A high temperature (above 37.8 degrees) <i>Note: - GH OEC will carry out an on-site temperature check of all participants upon arrival.</i>		
A new continuous cough		
Shortness of breath		
Loss of or change in normal sense of taste or smell		
Feeling generally unwell		
Been in close contact with/living with a suspected or confirmed case of COVID-19 in the previous two weeks		
*On-Site temperature check completed.		

PARTICIPANT SIGNATURE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

INSTRUCTOR SIGNATURE: _____

*See reverse in the event of a positive check.

Financial assistance may be available from the Charity on application to the Charity General Secretary

Registered Charity No: 1126509 Company Limited by Guarantee Registered in England and Wales No: 6679532

Registered Office: As above



POSITIVE CHECK CONFIRMED

I hereby confirm that I the group leader have been informed that the activity session has been cancelled and that no refund will be available.

I have been advised to follow the Public Health England Self-Isolation guidance and Contact NHS 111 for further support.

GROUP LEADER SIGNATURE: _____

Date: _____