UTILITY GUNDOG SOCIETY
Surrey, West Sussex & Hampshire Branch

IH/CV19/0121

UGS SURREY, WEST SUSSEX & HAMPSHIRE EVENT HEALTH QUESTIONNAIRE

- EVENT & VENUE:
- DATE:
- NAME:
- PHONE NUMBER: EMAIL ADDRESS:
- CLOSE CONTACT NAME & PHONE NUMBER – in event of emergency:
- PARTICIPANT / COMPETITOR / HELPER / JUDGE: - delete as applicable

Q1. Are you currently experiencing any health issues outside of YOUR normal ?

Q2. If so – what ?

Q3. Have you ever tested positive for COVID-19. YES / NO

Q4. **if YES and within the past 14 days PLEASE DO NOT ATTEND.**

- when did you test positive ?
- what treatment did you have ?
- are you still on medication for this ?

Q5. Have you cared for someone diagnosed with COVID-19 during the past 14 days ? YES / NO

- **if YES - PLEASE DO NOT ATTEND.**

Q6. Have you shown any symptoms associated with COVID-19 or come into close contact with anyone exhibiting any of the following symptoms with the past 2 weeks including high temperature, a new continuous cough, shortness of breath, a loss or change to your sense of smell or taste ? YES / N0.

- **if YES – PLEASE DO NOT ATTEND**.

Q7. Have you travelled to or from or come into contact with anyone who has returned from a high risk country in the 14 days leading up to the competition or have come from a region within the UK that is currently under special measures ? YES / NO

- **if YES – PLEASE DO NOT ATTEND.**

Q8. Are you currently self-isolating or have you recently come into contact with someone who has COVID-19 and been instructed to self-isolate ? YES / NO

- **if YES – PLEASE DO NOT ATTEND.**

It is highly important that if you show any symptoms of COVID-19 over the next 14 days after the competition that you advise the event organiser for NHS Track & Trace purposes.

I fully understand that I have undertaken to attend an event organised by Utility Gundog Society Surrey, West Sussex & Hampshire Branch for which I do not hold The Club liable should I contract COVID-19. I recognise that The Club has put in place all reasonable preventative measures to aid my and their safety and reduce the spread of COVID-19.
I acknowledge and assume responsibility for my decision to attend the event.

SIGNED. ***DATED.***

BLOCK CAPITALS.