



Get Me Out  
The Four Walls

"Supporting our Parenting Community"

## COVID-19 Health Screening Questionnaire

All information provided is taken in confidence and will be shredded 21 days after the meet has taken place.

Please complete this form and return to Lucinda Terry [admin@getmeout.org.uk](mailto:admin@getmeout.org.uk) no later than the day before the meet is due to take place.

The questions on this form are based on the information provided by the NHS. For more information visit <https://www.nhs.uk/conditions/coronavirus-covid-19>

Please can you complete the following details to enable us to comply with the Government's Track & Trace Scheme			
Full Name:			
Address:			
Contact Telephone Number:			
Email Address:			
Please can you answer the following questions Tick Yes or No		Yes	No
Have you, or any member of your household, been in contact with a known infected person or a person who is self-isolating, within the last 14 days?			
Are you, or any member of your household, currently showing any coronavirus symptoms? E.g. New cough, shortness of breath, high temperature or loss of taste or smell?			
Have you, or any member of your household, been advised to self-isolate?			
Meet Details: Please include the date and location of the meet that you would like to attend. Could you please tell us how many Adults/Children will be attending the meet?			

*If you have answered yes to any of the questions above, you will not be able to attend the meet.*

I confirm that the above details are correct, to the best of my knowledge. I agree that should myself or another member of my household start to develop coronavirus symptoms within 14 days of attending a GMOTFW meet, I will inform Lucinda Terry [admin@getmeout.org.uk](mailto:admin@getmeout.org.uk)

Signed \_\_\_\_\_ Date \_\_\_\_\_



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**Please note that we may take photographs at our meets to be shared on our social media accounts and for marketing materials. Please let us know whether you are happy for photos to be taken at the meet. Your wishes will always be respected.**

**I confirm that I am/am not (please delete as appropriate) happy for myself and my child/children to be included in photos taken by Ambassadors/Staff of GMOTFW.**

Signed \_\_\_\_\_ Date \_\_\_\_\_