

**Marshal / Player / Visitor** \* circle as necessary

In the interest of the Safety and Health of all persons use this site, their families and the extended community, Lincolnshire Airsoft Club request that you complete the following questionnaire / self-declaration. Your co-operation and support are appreciated.

If you answer 'yes' to any of the questions (1-5) you will be requested not to enter this site as a precautionary measure in order to minimise any possible transmission of the virus and you are advised to seek medical advice to follow the medical advice given before returning to work.

| QUESTION  | ANSWER   |
|---|--|
| 1. Do you have symptoms of a new continuous cough, fever, high temperature, sore throat, runny nose, loss of, or change in, sense of smell or taste (anosmia), breathlessness or flu like symptoms now or in the past 14 days?*   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Have you been advised by a doctor or NHS 111 to self-isolate at this time?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Have you travelled or been in close contact with someone who has travelled or returned overseas, in the last 14 days   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. I will maintain "Social Distancing (>2 meters) from anyone at the facility and where this is not possible will implement additional control measures such as a face covering or mask (RPE)   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. I will maintain good levels of personal hygiene, in line with medical guidance, while on the premises and understand that, should I develop symptoms associated with COVID-19 while on site or undertaking work related activities , I must inform a member of management immediately and self-isolate | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I hereby confirm that I have answered the above questions truthfully and honestly based on my current knowledge and condition.

\*\* <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

GDPR – Under the current guidelines this form will be retained for a period of not less than 21 days from the date below.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

