**EXAMINATION PRE-SCREENING QUESTIONNAIRE**

**NAME:**

**DATE:**

Please complete this form by answering the questions with YES or NO, and email it to: \_office-exams@haileybury.com the day before arriving on site.

 **Covid 19 symptoms include:**

* a high temperature – this means you feel hot to touch on your chest or back
* a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
* change or loss of taste or smell

**1.** **Have you experienced any symptoms of COVID-19 in the last 14 days?**

**2.** **To the best of your knowledge, have you been in contact with someone with symptoms in the last 14 days?**

**3.** **Have you been contacted by the Contact and Trace Department confirming you have been identified as a contact of a person who had subsequently tested positive for COVID-19?**

**4.** **Have you travelled outside of the UK in the last 14 days?**

 **If you have answered YES to any of questions above please contact \_office-exams@haileybury.com as soon as possible.**

 **5. Have you read Public Examinations – Covid 19 related guidance?**

 **It is very important that you read the guidance carefully before arriving at Haileybury**