



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 or to k.wright@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
- sore throat
- hayfever symptoms

- 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