

Gritstone Adventure Activities Ltd

COVID 19 Health Questionnaire

This document has been developed to provide information to **us** to allow the delivery of your first aid course in a safe a manner as is possible given the current COVID-19 threat level. Please return by email with the requested information and signatures. **Note:** We will not be able to deliver training without this information.

Please answer "yes" or "no" to the following questions:

1) Now, or at any time in the last 14 days:

A. Do you have/have you had a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)?

To the question above: Answer yes/no (delete as appropriate)

B. Do you have a/have you had a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)?

To the question above: Answer yes/no (delete as appropriate)

C. Do you have or have you had a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal?

To the question above: Answer yes/no (delete as appropriate)

D. Are any of your household symptomatic of COVID 19 or have any of them been?

To the question above: Answer yes/no (delete as appropriate)

F. To the best of your knowledge have you been in close contact with anyone else who is symptomatic of COVID 19?

To the question above: Answer yes/no (delete as appropriate)

G. Do you accept that your participation in the booked First Aid Course may increase your risk of exposure to infection with the virus relative to no-participation?

To the question above: Answer yes/no (delete as appropriate)

H. Do you agree to inform your Instructor should you develop any symptoms consistent with COVID-19 any time within 14 days of the end of the activity?

To the question above: Answer yes/no (delete as appropriate)