

**WHITE HORSE GUESTHOUSE – COVID-19 HEALTH QUESTIONNAIRE**

**Lead guest Name :**

**Date of Arrival :**

1 . Have you or any members of your party had COVID-19 symptoms in the last 14 days?

- Fever of 38 degrees or higher
- New dry cough and / or shortness of breath
- Loss of sense of taste or smell

**YES            NO**

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2. Have you or any members of your party been tested for COVID-19?

**YES            NO**

( if yes please provide details and dates)

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3. Have you or members of your party been diagnosed with COVID -19 ?

**YES            NO**

If yes please provide date :

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4. Has anyone in your household tested positive for COVID – 19 in the last 14 days?

**YES            NO**

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5. Does anyone in your immediate household have symptoms of COVID – 19?

**YES            NO**

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6. Have you read or agree to read **WHITE HORSE GUESTHOUSE COVID-19 secure policy** and risk assessment , which gives information on how we will be managing the risks to guests and staff.

**YES            NO**

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**I confirm that the answers are true to the best of my knowledge .**

**Signed :**

**Date:**

Please return this document to the White horse guesthouse 24 hours before arrival or bring with you.