



**THE CLUBHOUSE PROJECT DAY SERVICE LTD**  
**COVID-19 PRE-APPOINTMENT QUESTIONNAIRE**

**At the Clubhouse Project Day Service, safety is our priority.**

- All visitors will be required to sanitise their hands on arrival.
- We ask visitors not to arrive early to their scheduled appointment. If you do arrive early, we ask that you wait in your car until your scheduled appointment time.
- All visitors will be required to fill in a Contact Log on arrival and have their temperature taken.
- You may be asked to reschedule your appointment if any positive answers are provided to this questionnaire or if you have a temperature above 37.8.
- All common touchpoints in the entrance such as door handles are disinfected frequently.
- We ask all visitors to contact our office 01932 988708 or [lisa@theclubhouseproject.org](mailto:lisa@theclubhouseproject.org) if they experience COVID-19 symptoms within 14 days after your appointment.
- We ask all visitors to fill out this form the **DAY OF** your appointment and bring it along to your appointment OR email it to Lisa Littlewood at the email address above.

**FULL NAME:**

**First Name**

**Surname**

**DATE:**

**DATE OF APPOINTMENT:**

**HAVE YOU TESTED POSITIVE  
FOR COVID-19:**

**YES**

**NO**

**HAVE YOU BEEN TESTED  
FOR COVID-19 AND ARE  
AWAITING RESULTS:**

**YES**

**NO**

**DO YOU HAVE A FEVER OR HAVE YOU FELT HOT OR FEVERISH RECENTLY  
(14-21 DAYS)?**

**YES**

**NO**

**ARE YOU HAVING SHORTNESS OF BREATH OR OTHER DIFFICULTIES  
BREATHING?**

**YES**

**NO**

**DO YOU HAVE A COUGH?**

**YES**

**NO**

**ANY OTHER FLU LIKE SYMPTOMS, SUCH AS GI UPSET, HEADACHE OR FATIGUE?**

**YES**

**NO**

**HAVE YOU EXPERIENCED RECENT LOSS OF TASTE OR SMELL?**

**YES**

**NO**

**HAVE YOU BEEN IN CONTACT WITH ANYONE CONFIRMED COVID-19 POSITIVE?**

**YES**

**NO**

**HAVE YOU TRAVELLED OUT OF THE COUNTRY IN THE LAST 14 DAYS?**

**YES**

**NO**

**SIGNATURE:**

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**