



**Berry Head Road Brixham  
Devon TQ5 9AF**

phone & fax **01803 852797**

e-mail: [info@grenvillehouse.com](mailto:info@grenvillehouse.com)

website: [www.grenvillehouse.com](http://www.grenvillehouse.com)

## Grenville House OEC Self-Assessment for COVID-19 Symptoms

PARTICIPANT NAME: - \_\_\_\_\_

DATE:- \_\_\_\_\_

<b>Each participant should self-screen prior to arrival to ensure they do not have any of the following symptoms (confirmed by a parent for those under age 18)</b>	<b>Check Negative</b>	<b>Check Positive</b>
A high temperature (above 37.8 degrees) <i>Note: - GH OEC will carry out an on-site temperature check of all participants upon arrival.</i>		
A new continuous cough		
Shortness of breath		
Loss of or change in normal sense of taste or smell		
Feeling generally unwell		
Been in close contact within the last 48 hrs or living with a suspected or confirmed case of COVID-19 <b>AND</b> are over 18yrs and 6 months and vaccinated less than twice.		
*On-Site temperature check completed.		

PARTICIPANT SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

INSTRUCTOR SIGNATURE: \_\_\_\_\_

\*See reverse in the event of a positive check.

Financial assistance may be available from the Charity on application to the Charity General Secretary

Registered Charity No: 1126509 Company Limited by Guarantee Registered in England and Wales No: 6679532

Registered Office: As above



**POSITIVE CHECK CONFIRMED**

I hereby confirm that I the group leader have been informed that the activity session has been cancelled and that no refund will be available.

I have been advised to follow the Public Health England Self-Isolation guidance and Contact NHS 111 for further support.

GROUP LEADER SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_