



COVID-19 Screening Questionnaire for
Visitors and Societies

In light of COVID-19 health restrictions, please can all visitors to Moor Park Golf Club complete the following questionnaire.

Name: _____

Mobile Number _____

Email _____

Date: _____

Time: _____

Have you in the past 14 days:

- Travelled outside of the United Kingdom, if so, where to _____?
- Been in contact with a known coronavirus (COVID-19) infected person?

YES / NO

- Have you had the following symptoms in the last 5 days:

Cough, high temperature, shortness of breath, difficulty breathing, loss of taste/sense of smell.

YES / NO

- Has anyone in your immediate household had the following symptoms in the last 5 days:

Cough, high temperature, shortness of breath, difficulty breathing, loss of taste/sense of smell.

YES / NO

- Have you been tested for coronavirus in the last 5 days?

YES / NO

- If Yes, what was the result?

POSITIVE/NEGATIVE