

HEALTH INFORMATION QUESTIONNAIRE (CUSTOMERS AND STUDENTS)

Information supplied in this questionnaire by Circus Central customers provides a record of health and is used in assessing student's suitability to attend our course. These records will be stored in line with Circus Central GDPR policy for a maximum of 1 year.

Parent/ Guardian Name:	
Student Name:	
Venue Attended:	
Date in Attendance:	

Are you, or any one in your household, experiencing any of the following symptoms at present (or have done in the last 14 days)?	
1. Cough	YES / NO
2. Shortness of breath	YES / NO
3. High temperature	YES / NO

Have you recently travelled outside the UK?	YES / NO
If yes, please state which countries.	
Please state your date(s) of travel outside of the United Kingdom.	
Have you knowingly encountered someone displaying the symptoms of COVID-19 or someone who has tested positive in the last 14 days?	YES / NO

I, (name of parent/carer) confirm that the above information is accurate to the best of my knowledge and hereby give consent for the information to be shared with Circus Central staff.

The student(s) for which I am responsible, and I agree to comply with all hygiene procedures and rules while present on Circus Central sites and understand failure to follow these directives may result in termination of services provided with no refund.

Print Name

Signature

Date