
COVID QUESTIONNAIRE

Please complete the questions below and sign at the bottom. Thank you.

CONTACT INFORMATION

Name and Surname:	
Phone Number:	
E-mail Address:	

HEALTH INFORMATION

Have you travelled internationally in the last 14 days?

NO YES

Have you been in contact with someone who is confirmed to have COVID-19? If so, when?

NO YES _____

**Are you currently suffering from any of the following symptoms:
fever, cough, sore throat, body pains/
headache, shortness of breath**

NO YES

If you answered YES for question 3, please circle the symptoms you are currently suffering from.

DECLARATION

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform Vanilla Kitchens should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

DATE

SIGNATURE

COVID SAFETY GUIDELINES

For your safety and ours please take note of the guidelines below.

VANILLA KITCHENS' RESPONSIBILITIES

We will...

- correctly wear a mask at all times
- sanitise before and after leaving the premises
- keep a safe distance when possible

CLIENTS' RESPONSIBILITIES

Please ensure that you...

- complete and sign our COVID questionnaire
- correctly wear a mask at all times
- sanitise before and after meeting our staff
- keep a safe distance when possible

THANK YOU