

### Leader Pre-Return to Guiding Questionnaire COVID19

This questionnaire must be completed by all Leaders no more than 3 days in advance of the first the event/activity.

If the answer is Yes to any of the below questions, you are advised to seek medical advice before taking part in an event/activity. Please note that you should not attend an event or activity if you are feeling unwell.

Leader Name : \_\_\_\_\_ Date of completion: \_\_\_\_\_

	Questions	YES	NO
1.	Do you have symptoms of a cough, fever, high temperature, sore throat, runny nose, breathlessness or flu-like symptoms now or in the past 14 days?		
2.	Have you been diagnosed with confirmed or suspected COVID19 infection in the last 14 days?		
3.	Are you a close contact of a person who is a confirmed or suspected case of COVID19 in the past 14 days (i.e. less than two metres for more than 15 minutes, accumulative in one day)?		
4.	Have you been advised by a doctor to self-isolate at this time?		
5.	Have you been advised by a doctor to cocoon at this time?		
6.	Have you been advised by your doctor that you are in an at-risk group? If yes, please liaise with your doctor and Unit Leader or Commissioner about returning to Guiding.		

**Data Protection:** The organisation is collecting this sensitive personal data for the purposes of maintaining safety in light of the COVID19 pandemic. The legal basis for collecting this data is based on vital public health interests and maintaining health. These records will be held in a secure manner by the organisation for a period of 21 days. Thereafter, the data will be deleted since it is of no further use for this purpose.

*I confirm, to the best of my knowledge that my daughter/ward has no symptoms of COVID19, is not self-isolating or awaiting results of a COVID19 test.*

Signed: \_\_\_\_\_