**Visitor COVID-19 Screening Form**

To protect everyone, including students, faculty and staff, we are asking all visitors to complete the following questionnaire and submit it to Lakelands Academy at least 24 hours prior to their visit.

**Your name and the name of each person accompanying you.**

**First & Last Name**

**Contact Number**

**Contact Email Address**

**List the names and contact details of everyone accompanying you.**

**Date of Visit to Lakelands Academy.**

**Appointment Time.**

**Name of Person with whom you have scheduiled a meeting.**

**First & Last Name**

**Departments you are visiting**

**If you have any appointments with multiple people, list additional names here.**

If you or any of the individuals accompanying you answer yes to the following questions you will not be allowed to visit Lakelands Academy, Please contact the Person with whom you made an appointment to reschedule your visit.

* Have you in the past 14 days visited or made a transit stop to any of the countries or territories that is not on the travel corridor list? If you answer is yes, you are required to quarantine for 14 days starting the day after your return before you may visit Lakelands Academy.
* Do you live with someone who has symptoms of Covid-19 or in contact with someone who has tested positive for the virus in the last 14 days? If yes, you are required to self-isolate for 14 days after exposure before you can visit Lakelands Academy.
* Do you have any of the following conditions:

1. A new and persistent cough
2. A high temperature
3. A loss of or change in normal sense of taste or smell.

By checking this box, I confirm that neither I nor any of the individuals accompanying me responded yes to any of the conditions above.

**Details confirmed by**

**Date.**