

PRE-EVENT QUESTIONNAIRE FOR COVID-SECURE REHEARSAL

Date of rehe	arsal	
Name		
Phone	Email	
Address		
House		
Road		
Town/city		Postcode
Have you be	en unwell recently (within 7 da	ays):
• Raised tem	perature	
• New persis	tent cough	
• Loss of or	change to your sense of taste	or smell
Yes	No 🗌	
Has anyone i	n your household or 'bubble' l	pecome unwell with symptoms as above
(within 14 da	ys)?	
Yes	No	
Have you be	en contacted by the national "	Track and Trace' service and told you should self-isolate (within 14
days)?		
Yes	No 🗌	
Have you ret	urned from abroad and been t	cold to quarantine
Yes	No 🗌	
Signed (or se	ent electronically):	
Date		
If any of the	answers above is 'Yes' you sho	ould not come to the play-through.
If in doubt se	ee further guidance here: https	s://www.gov.uk/coronavirus
We are oblig	ed to gather these details in c	ase of the need for Track and Trace. You may
complete thi	s form electronically and emai	il it to me at: name@address.uk
Otherwise, b	ring the completed form and o	drop it into a box at the entrance