



LANGUAGEUK CORONAVIRUS SELF DECLARATION FORM (adult).

For the health and safety of LanguageUK and our community, declaration is required. Be sure the information you give is correct and complete. Please get immediate medical attention if you have any signs of covid-19 and fill in our questionnaire in your pre arrival pack.

NAME:					
PASSPORT NUMBER:					
HAVE YOU TRAVELLED ABROAD IN 2020?	YES	NO			
NAME AREAS VISITED COUNTRY, STATE AND CITY:					
PLEASE INCLUDE DATES OF TRAVEL AND RETURN DATES FOR EACH AREA.					
HAVE YOU BEEN IN CONTACT WITH ANY PI	EOPLE BEING INFECTED, SUS	PECTED OR DIAGNOSES WITH			
COVID-19? YES	NO				
PLEASE STATE YOUR RELATIONSHIP WITH THE PEOPLE AND YOUR LAST CONTACT DATE WITH THEM.					
PLEASE STATE WHETHER YOU'VE EXPEREINCED.ARE EXPERIENCING THE FOLLOWING:					
COUGH	YES	NO			
FEVER	YES	NO			
SHORTNESS OF BREATH	YES	NO			
LACK OF TASTE AND SMELL	YES	NO			

I acknowledge that the information I have given is accurate and complete.

DATE:		
SIGNATURE:		