



**BEV-LYN HEALTH INFORMATION QUESTIONNAIRE  
(Parents and Students)**

Please complete and sign the form below. Information supplied in this questionnaire by Bev-Lyn School of Dance customers provides a record of health used to assess a student’s suitability to attend our classes. These records will be stored in line with the Bev-Lyn Dance Ltd Privacy policy for a maximum of one academic year. As per the Privacy Policy, we will share information with the NHS Track & Trace programme if required to do so.

Parent/ Guardian Name:	
Student(s) Name(s):	

1. In the last 14 days have you experienced a new persistent cough, loss of taste or smell, high temperature or any other symptoms of COVID 19? **YES/NO (delete as appropriate)**
2. In the past 7 days have you tested positive for COVID 19, or are you awaiting a test or the results of a test? **YES/NO (delete as appropriate)**
3. Have you been advised to self-isolate by the Government’s Track & Trace programme or any other official source? **YES/NO (delete as appropriate)**
4. Have you travelled outside of the UK in the last 14 days? **YES/NO (delete as appropriate)**

If yes, please state which country and date of return .....

5. Have you knowingly encountered someone displaying the symptoms of COVID-19 or someone who has tested positive in the last 14 days? **YES/NO (delete as appropriate)**

I confirm that the above information is accurate to the best of my knowledge. I confirm that should answers to any of these questions change, both I and the student(s) for which I am responsible will not attend classes and contact Bev-Lyn immediately.

Both I and the student(s) for which I am responsible agree to comply with all hygiene procedures and rules while present on Bev-Lyn School of Dance premises. I understand that failure to so may result in cancellation of classes.

Signature .....

Date .....