

# Pool Farmhouse Orkney CL

## Guest Track and Trace Self Declaration Form

Date:-

Booking Guest Name:-

Booking Guest Permanent Address:-

Email:-

Contact Tel:-

Name Others in party:-

Address/Postcode

Mob tel

1

2

3

Date of Arrival at Pool Farmhouse CL:-

Travelling from (last o/night):-

Route:-

Date of Departure from Pool farmhouse CL:-

Travelling to:-

Route:-

Have you travelled abroad during 2021? Y/N

Have you been in contact with people infected or diagnosed with COVID 19? Y/N

In the 3 days prior to arrival, have you or any member of your Party tested positive for Covid 19 or are currently suffering from Fever, Persistent Cough; Shortness of Breath; or Loss of sense of smell? Y/N

If you have any of the above symptoms you may be suffering from the virus. Please follow Government advice to return home and self isolate to protect others.

**Declaration:-** I confirm that to the best of my knowledge the details above are correct and that no member of my party is showing any symptoms of Covid 19.

Signed:-

Date:-

Name:-