

Trowbridge Symphony Orchestra

Attendance Form for Covid-19 Compliance

Rehearsal date: 2021

	Tick the appropriate box	YES	NO
1. Do you have any Covid-19 symptoms? e.g. <ul style="list-style-type: none">• High temperature?• Continuous cough?• Loss of smell and/or taste?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been in close contact with someone who has symptoms?		<input type="checkbox"/>	<input type="checkbox"/>
3. Have NHS Test & Trace asked you to self-isolate?		<input type="checkbox"/>	<input type="checkbox"/>
4. Have you returned from abroad and been asked to self-isolate?		<input type="checkbox"/>	<input type="checkbox"/>

I confirm I have read the TSO Covid-19 Risk Assessment and I will follow the procedures in place.

Name:

Contact Telephone:

Signature:

Date: