Dear Participant:

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to our staff and research participants, we are asking you to complete a few questions below. Your participation is important to help us take precautionary measures to protect you and everyone else involved.

This form covers you for seven days. If your circumstances change during this period (for example if you start to feel unwell or have been in contact with a confirmed case of COVID-19), you must inform the researcher.

Thank you for your time and co-operation.

Participant’s name: Click or tap here to enter text.

Contact number (mobile): Click or tap here to enter text.

Researcher’s name: Click or tap here to enter text.

Meeting venue: Click or tap here to enter text.

**Self-declaration by participant**

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| --- | --- | --- |
| 1. | Have you knowingly been exposed to anyone with COVID-19 or displaying COVID-19 symptoms in the past 14 days? | Choose an item. |
| 2. | Do you have any underlying health conditions which could put you at increased risk if you should contract Covid-19? A list of these conditions can be found here: <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/> | Choose an item. |
| 3. | Have you now, or in the past 14 days, had any of the following flu‑like symptoms? |  |
|  | Fever (37.3°C or higher) | Choose an item. |
|  | Breathlessness | Choose an item. |
|  | Cough | Choose an item. |
|  | Sore throat | Choose an item. |
|  | Loss of sense of smell or taste | Choose an item. |
|  |  |  |

Participant Signature (type name): Click or tap here to enter text.

Date of signature: Click or tap to enter a date.