

Brechin City FC COVID-19 Visitor Questionnaire

The safety of our employees, supporters, sponsors, visitors, suppliers and the wider football family with whom we come into contact remains Brechin City's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve, the Club's Covid Team is monitoring the situation closely and will periodically update the required guidance based on current recommendations from the Centres for Disease Control and Prevention and the World Health Organisation. We will also implement the public health guidance which may be in place at any point in time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Name:	Phone Number:
Company / Organisation / Club:	Fixture:
Home Address:	

		Self-Declaration by Visitor	
1		erienced any cold or flu-like symptoms in the last 14 days (to include fever, tory illness, difficulty breathing)?	cough, sore
	Yes	No	
2	Have you ha days?	close contact with or cared for someone diagnosed with COVID-19 within the	ast 14
	Yes	No	
3	Have you or past 14 days	ny household member travelled to any International areas of suspected Covid	J-19 in the
	Yes	No	

If the answer is "yes" to any of the questions, access to the facility will be denied.

Signature (visitor): _____ Date: _____

All data gathered as part of this process by Brechin City Football Club will be used solely for health monitoring and contact tracing purposes. All data will be destroyed 1 month after the fixture to which it pertains.

Temperature Check on Arrival:	Yes	No
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Access	to	Facility	

Approved Denied
