



# Coronavirus Consent Form and Questionnaire

Please answer all of the following questions.

**Q1. Have you been in close contact with anyone who has been confirmed with having the COVID-19 Coronavirus?** YES NO

If you have answered YES, please state when .....

**Have you followed the official UK Government guidance on self-isolation?**

**Q2. Do you live in the same household with someone who has symptoms of Coronavirus (COVID-19) who has been in isolation within the last 14 days?** YES NO

**Q3. Do you think you have any of the following symptoms: fever, high temperature, persistent coughing or breathing difficulties/shortness of breath?** YES NO

**Q4. Have you returned to the UK from another country where you are required to quarantine on your return?** YES NO

**If you have answered YES to the questions above, then you will not be able to enter RSM Stage Academy premises, until the suitable quarantine period of 14 days has passed.**

RSM Stage Academy agrees to adhere to the UK Government and the World Health Organisation (WHO) recommended ways to prevent the spread of infection.

RSM Stage Academy ensures the appropriate measures are in place; through displaying posters promoting handwashing and ensuring hand sanitiser/and or soap is available on the premises.

If you (or anyone in your household) is unwell, even with a mild cough or fever, they should stay at home and will not be permitted onto the premises.

The parent/legal guardian of students under 18 agrees that RSM Stage Academy is not responsible for any spread of infection or contraction of Covid-19. Our students/clients above the age of 18 also agrees that RSM Stage Academy is not responsible for any spread of infection or contraction of Covid-19.

I confirm that I have read the above information and agree to conform to its stipulations/rules. I have also answered the questions honestly and completed correctly at the time of signing this form.

Name of student/client: ..... D.O.B: .....

Name of parent/legal guardian (If under the age of 18): .....

Emergency contact (Name and number of your next of kin): .....

Signature of parent/legal guardian (If under the age of 18): ..... Date: .....

Signature of student/client (Over the age of 18): ..... Date: .....