



Gunman Airsoft Midlands

Covid-19 Fitness to participate self declaration

Please note - this form must be completed for each individual attending our venue.
If you are unwilling to complete this information you will be sadly asked to leave the venue.

G.A.M take the Health & safety of venue users, staff, their families & community very seriously. We would be grateful if you would please complete the following self-declaration in relation to Covid-19 & your fitness to participate. Your co-operation and support are very much appreciated.

If you answer 'yes' to any of the questions numbered 1-5 OR 'no' to questions 6 or 7, you will be asked to leave site as a precautionary measure in order to minimise possible transmission of the virus & you are advised to seek and follow medical advice. If at any time the staff believe that you are exhibiting any covid-19 related symptoms you will be asked to leave the venue & self isolate.

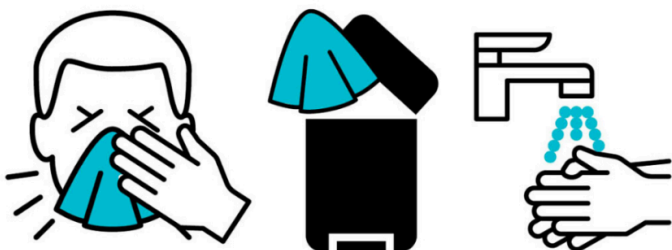
This information is kept in the strictest of confidence it will be kept for 31 days from Game date. We will not share your details with any third party except for requests relating to Covid-19, track & trace measures.

Full Name			
House Number	Postcode		
Type	Staff	Participant	Visitor
Game Date			

QUESTION	Yes	No
1. Do you have or have you had symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been diagnosed with confirmed or suspected COVID- 19 infection in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a close contact of a person who is a confirmed or suspected case of COVID-1 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been advised by a doctor or NHS 111 to self-isolate at this time?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you travelled or been in close contact with someone who has travelled or returned overseas, in the last 14 days	<input type="checkbox"/>	<input type="checkbox"/>
6. I will follow "social distancing" guidance, as advertised at all times on site, where this is not possible will implement additional personal control measures such as a face mask (RPE)	<input type="checkbox"/>	<input type="checkbox"/>
7. I will maintain good levels of personal hygiene, in line with medical guidance, while on the site & understand that, should I develop symptoms associated with COVID-19 while on the site I must inform a member of staff immediately and self-isolate	<input type="checkbox"/>	<input type="checkbox"/>

I hereby confirm that I have answered the above questions truthfully and honestly based on my current condition.

Signature: _____ Contact Number: _____



CATCH IT. BIN IT. KILL IT.

Remember to wash your hands for **20 seconds**

	Refrain from shaking hands		Wash hands regularly & thoroughly
	Cover mouth & nose if Coughing or Sneezing		Clean & disinfect surfaces
	Avoid touching your eyes, nose or mouth		Follow Social Distancing guidance