

# Health Assessment Questionnaire



Learner Name		Learner Ref No.	
Programme Title		Programme Start Date	
Delivery Location			

The safety of our employees, learners, families and visitors remain VSS's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, VSS are monitoring the situation closely and will periodically update company guidance based on current recommendations. We urge our service users and our staff to keep up to date with government advice around best hygiene practices and to follow any other guidance that is issued from key agencies such as Public Health England and the NHS.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce, learners 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.

## Section 1 - Health Assessment Questions - Please complete to the best of your knowledge

### Q1 - Have you returned from any none UK affected country within the last 14 days?

No  Yes  if yes, please provide more details

### Q1 - Have you been in close contact with anyone who has returned from any none UK affected country within the last 14 days?

No  Yes  if yes, please provide more details

### Q2 - Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing)?

No  Yes  if yes, please provide more details

### Q3 - Have you had close contact (within 6 feet) with someone diagnosed with COVID-19 within the last 14 days?

No  Yes  if yes, please provide more details

### Do you have an underlying health condition that has been deemed high risk?

No  Yes  if yes, please provide more details

### Are you in regular close contact with someone with an underlying health condition who would be deemed high risk?

No  Yes  if yes, please provide more details

**Note: if you plan to be onsite for consecutive days, please immediately advise your Tutor or host if any of your responses change. The information collected on this form will be used to determine your access right to VSS facilities.**

If the answer is "yes" to any of the above questions, access to the facility will be denied for a period of 14 days.

For more information, see VSS's privacy statement at [www.vocationalsolutions.co.uk/privacy-policy](http://www.vocationalsolutions.co.uk/privacy-policy).

Any questions should be directed to [covid-19@vocationalsolutions.co.uk](mailto:covid-19@vocationalsolutions.co.uk)

### VSS Comments and agreed action if required

Learner Signature  Date 

D	D	M	M	Y	Y	Y	Y
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Tutor Signature  Date 

D	D	M	M	Y	Y	Y	Y
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