## Slaithwaite Philharmonic Orchestra

## **Covid-19 Rehearsal Consent Form for Members**

Dear SPO Member,

Before each rehearsal we need to ask you to fill in and sign this consent form as required by Government regulations.

Please print this form, sign it and bring it to the rehearsal.

VENUE:	DATE:	Т	IME:		
Do you have any symptoms related to Covid-1 general?	9 or feel unwell in	YES		NO	
Have you been in close contact with anyone w or has felt unwell in the past 24 hours?	ho has symptoms	YES		NO	
Has NHS 'Track and Trace' asked you to self-i	solate?	YES		NO	
Have you returned from abroad and been aske	ed to self isolate?	YES		NO	
Are you, or is anyone in your household, class vulnerable' (eg. have underlying health issues) yourself to be vulnerable?	,	YES		NO	

I understand the Covid-19 virus has a long incubation period and that carriers of the virus may not show symptoms and therefore it is impossible to determine who has it or not, given the limitations in virus testing.

I knowingly and willingly consent to attend rehearsals under these circumstances.

I understand that Public Health England recommends social distancing of at least 2 metres between people not of the same household.

I understand my details may be needed for contact tracing.

I have read the SPO Rehearsal Information during Covid Restrictions document.

NAME:

PHONE / EMAIL: