

**AULDHAME HOUSE – EAST WING**  
NORTH BERWICK  
EAST LOTHIAN  
EH39 5PW  
Tel: 07703 479 456

**HEALTH DECLARATION FORM – COVID-19 INTERIM MEASURE**

We are collecting personal data of visitors to our property for the purposes of enabling us to carry out contact tracing and other response measures, in response to any emergency that may arise due to 2019-novel Coronavirus (COVID-19) that may threaten the life, health or safety of other individuals. The information will be destroyed once there are no business and legal purposes to keep them.

We have the right to refuse entry to any persons who are unwell, who have been to locations of public health concern in the past 14 days or who have been in contact with any person with a confirmed case of the coronavirus.

**Contact Information:**

Full Names of all Guests:

.....  
.....  
.....  
.....  
.....  
.....  
.....

**Please note additional guests/visitors are not permitted in the property without prior notification and authorisation from the owners.**

Mobile phone no(s): .....

Date of arrival: ..... Date of Departure:.....

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**Health Wellbeing and Recent Travel History**

1. Have any of the persons listed above been in contact with any person who is a confirmed case of COVID-19 in the past 14 days? YES NO
2. Does any of the persons listed above currently have a fever or any flu like symptoms such as persistent cough, runny nose or sore throat? YES NO

**By signing the below you are consenting both to this check, and also that you will comply, and co-operate with any instructions issued by the owner.**

**Acknowledgement**

I have answered all questions to the best of my knowledge. I acknowledge and agree to the collection, use and disclosure of my personal data, health information and recent travel history for the purposes set out in this Form.

X

\_\_\_\_\_  
Signature  
Signature

Date: .....

**For owners' use only:** I have checked the above declaration and the visitor is clear to visit this site.

Print: .....

X

\_\_\_\_\_  
Signature  
Signature

Date: .....