

Pre-dining questionnaire

Please print one copy per household.
Fill in all parts and bring with you when you arrive.



R I V A J
o f I N D I A

Full name	Full name
Full name	Full name
Full name	Full name
Main contact number	
Main email address	
Household address	

Have you or anyone in your household had any symptoms of Covid19 in the last 14 days? Yes No

Due to regulations, we need to know if you are in a group, is your group from more than 2 households? Yes No

Do you wish us to keep your details and store them in line with current GDPR regulations? Yes No

By signing this document you are agreeing that all the information you have entered is true and no false information has been entered and you are aware of current regulations and rules regarding Covid-19.

Please sign

Date

ADMIN USE ONLY:
Time in

ADMIN USE ONLY:
Time out

ADMIN USE ONLY: All temps under 37 degrees on arrival? Yes No

Who failed temp test: