



# Safety pre-visit questionnaire

Please print, complete and return to us at [be@binghamriverhouse.com](mailto:be@binghamriverhouse.com)

Guest name:

Guest email address:

Guest telephone number:

Date of visit:

## **Covid 1**

Have you or your guests experienced the following symptoms in the last 14 days?

a high temperature

a new, continuous cough

a loss or change to your sense of smell or taste

## **Covid 2**

Have you or your guests had close contact with, or cared for, someone diagnosed with COVID-19 or suspected COVID-19 within the last 14 days?

## **Covid 3**

Have you or your guests been abroad in the last 28 days?

## **Covid 4**

Do you or your guests live with anyone that has been abroad in the last 28 days?

## **Dietary Restrictions**

Are there any dietary restrictions within your party?

## **Occasion**

Will you be celebrating a special occasion?

## **Drink Request**

Would you like to pre-order any drinks or wine from our menu?