

## HISTORIC HOUSE HOTELS – AUTUMN 2020

### Guest Pre-arrival Questionnaire

We have taken the best advice and measures to ensure that all is in place for a visit that will be as safe as it will be comfortable and enjoyable. In the interests of safety of all our guests and staff, please complete this form in respect of yourself and all members of your party and return it to the hotel email address **24 hours** before your visit, to enable access to the restaurant.

Name (s) of guest(s)	Date of Reservation

**SYMPTOMS OF COVID-19 (including)**  
***HIGH TEMPERATURE, A NEW PERSISTENT DRY COUGH,***  
***SHORTNESS OF BREATH, NEW LOSS OF TASTE OR SMELL, FATIGUE***

**Please complete as appropriate below:**

Yes/No I confirm that I do not have or have had any of the above symptoms in the last 14 days. I also confirm that this is the case for all members of my party and our collective households.

Yes/No I have had the symptoms described above in the last 14 days.

Yes/No Members of my party and collective households have had the symptoms described above in the last 14 days.

Yes/No Please confirm that you and your party and members of your household have not travelled outside of the UK in the last 14 days (**Yes means NOT travelled**).

Yes/No I confirm that all guests in my party comprise no more than two households and comprise of the same bubble.

### **Social distancing and Health and Safety Responsibilities**

We request that you and all members of your party will abide by social distancing and the measures applying to guests and everybody working at a Historic House Hotel, introduced for everyone's safety (see accompanying paper), and that you will respect any requests made by staff in relation to this. This company cannot be held responsible for any COVID-19 Coronavirus or similar illness contracted, or allegedly contracted, whilst a guest is in or has been at a Historic House Hotel.

Arrival time is from **3.00pm** to allow for room cleaning. Please advise the hotel of your Expected time of arrival within this box, in order to avoid guests arriving at the same time. We regret that we are unable to accommodate early arrivals, or late departures. Check-out time is **11.00am**, again to allow for room cleaning.

Name of Guest \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Please now return to **info@hartwell-house.com**