HISTORIC HOUSE HOTELS – SPRING 2021

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 the 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 hotel email address **24 hours** before your visit, to enable access to rooms upon arrival.

Name(s) of guest(s)		Date of arrival
S	HIGH TEMPERATURE, A N	COVID- 19 (including) EW PERSISTENT DRY COUGH, OSS OF TASTE OR SMELL, FATIGUE
Please com	plete as appropriate below:	
Yes/No	I confirm that I do not have, or have had any of the above symptoms in the last 10 days. I also confirm that this is the case for all members of my party, and our collective households.	
Yes/No	Please confirm that you and your party, and members of your household have not travelled outside of the UK or specified green list countries in the last 10 days. (Yes means NOT travelled).	
Yes/No	I confirm that all guests are from no more than two households or are in the same support bubble. You must not socialise with anyone outside of your party in any indoor setting.	
We request measures ap everyone's s relation to the	oplying to guests and everybody works safety (see accompanying paper), and his. This company cannot be held resp	ty will abide by social distancing, and the ing at an Historic House Hotel, introduced for that you will respect any requests made by staff in consible for any COVID-19 Coronavirus or similar a guest is in, or has been at a Historic House Hotel.
expected tin We regret t		
Name of Gu	nestSigned	Date
Email		Telephone

Please now return to info@middlethorpe.com