COVID 19 Screening Form

Contact Information	
Title: Mr / Mrs / Miss / Ms / Other:	
First name:	**Surname:**
Contact Number:	**Email Address:**

Please circle YES or NO to the following questions:

Have you been in contact with anyone displaying signs or symptoms of illness or COVID-19 in the last two weeks?

YES or NO

Have you displayed any signs and symptoms of illness or COVID-19 in the last two weeks? YES or NO

Have you travelled outside of your home region in the last two weeks? YES or NO

By signing this document I state that I have been screened for COVID-19 and confirm that should I answer yes to any questions I may be asked to have a virtual appointment or refused entry for the class in question.

Signed: **Date:**

If you are signing as a parent/guardian please advise your relationship:

Caroline Hemming | Personal Trainer
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