



Trick Nuts Pilates Health Questionnaire for COVID-19

IMPORTANT NOTE:

This form needs to be completed and submitted to Trick Nuts Pilates before your first visit to In-Hall Classes.

Your Name:

Current Address:

Home Address (if different):

Email Address:

Mobile Number:

Date of Birth:

IMPORTANT INFORMATION

If you have any of the following symptoms or are feeling unwell, please do not come to class:

- Fever; new and continuous cough; loss of taste or smell

If a member of your household has any of the above symptoms and is waiting for a test, please self-isolate and do not attend class until the results are known.

Please refrain from coming to class if you have any of the following symptoms and these are new:

- shortness of breath; fatigue; loss of appetite; muscles aches/pains; sore throat; headache; nasal congestion; diarrhoea; nausea and/or vomiting.

If you have knowingly been in contact with anyone who has tested positive for COVID-19 in the last 14 days, please do not attend class until 14 days from that contact.

Further advice is available from the NHS Coronavirus Service:

www.nhs.uk/conditions/coronavirus-covid-19 or call 111 for advice.

You and COVID-19

Please answer Yes or No

1. Have you had, or suspect you have had COVID-19?

2. If yes, when?

3. If yes, was this diagnosed from a positive test result?

4. Have you attended an Emergency Department or been admitted to hospital due to COVID-19 symptoms?

Note: If you answered 'Yes' to Question 4, has your doctor given you permission to exercise?

5. Are you still experiencing symptoms post COVID-19?

If Yes, please list them:

More About You

Please answer Yes or No

6. Are you an NHS front line worker?

7. Are you a carer in a care home?

8. Are you considered to be vulnerable?

9. Do you have a family member's who are considered vulnerable?

10. Could you be pregnant?

If Yes, how many weeks?

11. Are you allergic to any cleaning products or sanitizers?

If Yes, please give details:

Your Signature

I confirm that the above information is accurate, and I give consent for my contact details to be given to NHS Test and Trace should this be required.

I have read and understood the 'IMPORTANT INFORMATION' and will contact Trick Nuts Pilates of any future changes in my circumstances.

Signed: _____

Dated: _____

Thank you for providing the above information, which will be stored securely and used in complete confidence.

Please complete this form and email it back to Trick Nuts Pilates.