



To help prevent the spread of Covid-19 for everyone's safety and protection, each Yoga student is requested to complete the following form:

Today's Date:	/ /
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Attending Class Details

Class Date:	24/11/21 <input type="checkbox"/>	1/12/21 <input type="checkbox"/>	8/12/21 <input type="checkbox"/>	15/12/21 <input type="checkbox"/>
Class Time:	18:30 <input type="checkbox"/>	20:00 <input type="checkbox"/>		

My contact details:

Name:	
Email Address:	
Mobile Number:	

Self-Declaration:

Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu-like symptoms now or in the past 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been diagnosed with confirmed or suspected Covid-19 infection in the past 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a close contact of a person who is a confirmed or suspected case of Covid-19 in the past 14 days (i.e. less than 2 metres for more than 15 mins accumulative in 1 day)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been advised by a doctor to self-isolate at this time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been advised by a doctor to cocoon at this time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been abroad in the past 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes, please state:	
Country:	Length of time abroad:
Are you currently self-isolating as a result of this travel?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature _____

Date: _____