



COVID 19 Questionnaire/Self Declaration

In the interests of the Health and Safety of the Management, staff, members and guests of The Fitness Habit Limited, the Company ask that you complete the following questionnaire/self declaration. Your co-operation and support are appreciated.

Questions

1. Have you been in close contact with persons who are confirmed as having the COVID-19 virus? Yes _____ No _____.
2. Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days? Yes _____ No _____.
3. Do you have any symptoms of any of the following typical COVID-19 symptoms – fever, shortness of breath, high temperature, persistent coughing? Yes _____ No _____
4. Have you returned to the island of Ireland from another country with in the last 14 days? Yes _____ No _____. If yes, where? _____.

I confirm I have responded to the above questions truthfully based on my current condition and circumstances and I commit to exclude myself from using the gym and participating in any classes run by The Fitness Habit should I have answered 'YES' to any of the above questions.

NAME: _____

Signature: _____

Mobile No. _____

Date: _____