

pilatesperfectstudio

COVID-19 Self Declaration Form

Mandatory daily health screening

One form must be completed for every person on the grounds.

For the health and safety of our community, Declaration of Illness is required of all workers and visitors.

Be sure that the information you give is accurate and complete.

Name _____

Contact Number _____

Date _____

Have you been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?

YES NO

Have you been tested positive for COVID-19 in the Past 14 days?

YES NO

Have you experienced any symptoms of COVID-19 in the past 14 days?

Fever YES NO

Cough YES NO

Shortness of Breath YES NO

Persistent Pain in the Chest YES NO

I acknowledge that the information I have given is accurate and complete.