



COVID 19 CONSENT FORM

Contact Information	
Title: Mr / Mrs / Miss / Ms / Other:	DOB
Full Name	Contact Number

Please circle YES or NO to the following questions:

1 Have you been in contact with anyone displaying signs or symptoms of illness or COVID-19 in the last two weeks? YES or NO

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

3 Have you returned back to the UK from abroad in the last 2 weeks? YES or NO

4 In the last 24 hours have you had any of the following symptoms

New or worsening cough YES / NO **Temperature** YES / NO **Sore throat** YES / NO

Shortness of breathe YES / NO **Any other symptoms** YES / NO

Nausea , vomiting or diarrhea YES / NO **None [please tick]**

This is Gti Fitness Ltd Fitness sessions Policy

I acknowledge the contagious nature of the Coronavirus/COVID-19 and the World Health Organisation [WHO] and many other public health authorities still recommend practicing social distancing. I also acknowledge that Martin Jensen has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19, as per this guidance. I further acknowledge that Martin Jensen cannot guarantee that I will not become infected with the Coronavirus/COVID-19

I voluntarily seek services by Martin Jensen and I acknowledge that I must comply with all set procedures to reduce the spread while attending my class..

All persons who have completed the Covid-19 Screening Form should read and sign the following disclaimer. I have answered all questions truthfully and to the best of my knowledge. If there are any changes in my physical or medical health I will inform Martin Jensen as soon as possible and before any sessions. I am responsible for checking with my GP to ensure I am able to participate in any physical activities.

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 seek medical advice before I can attend the class.

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