



Covid-19 Client Declaration and Consent Form

Prior to the start of my Pilates course/class I confirm that (please tick):

- I (or anyone I live with or anyone in my support bubble), do not have any symptoms of COVID-19: Flu-like symptoms, a new continuous cough, a fever over 37.8°C, chills, shortness of breath or loss of taste or smell
- I have not shown any symptoms of COVID-19 or come into close contact with anyone exhibiting these symptoms in the past two weeks
- I have had the Covid-19 vaccine
- I have not been identified as being at high risk from COVID-19
- I have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks
- I have not travelled outside of England recently
If yes, where:
- I have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks
- If I begin to show symptoms of COVID-19 during the course of this Pilates term I will contact the Body Junction immediately
- I will follow all the Body Junction room COVID-19 safety precautions

Declaration

I declare that the information I have provided on this form is truthful and accurate. I confirm that I will inform the Body Junction should any of the above information change.

Client Name: _____

Signature of Client: _____

Mobile Number: _____

Email Address: _____