HEALTH DECLARATION FORM

Part One

All the data filled below will be confidential & not shared with any person or organization

DATE : _____

NAME : _____

AGE : _____ GENDER : _____

ADDRESS : _____

_____

CONTACT NO. : _____

1. Do you currently have symptoms of, or have you been diagnosed with pneumonia or covid-19?
   ☐ Yes ☐ No

2. In the past 14 days have you come in contact with someone who is or could be infected with corona virus?
   ☐ Yes ☐ No

3. In the past 24 hours have you experienced any of the following symptoms??
   ☐ Fever ☐ Cough ☐ Shortness of Breath ☐ Runny Nose
   ☐ Sore Throat

4. Are you diagnosed with any lung disease like asthma or any heart disease?
   If yes, please give details of the condition_____

5. Travel history -Have you travelled to a government declared covid hotspot in the past 30 days?
   If yes, please share details_____

6. Pregnant females are advised not to gym during covid pandemic.
   Please share gestational history_____

7. Name& phone number of emergency contact _____

Part Two

HEALTH DECLARATION FORM

I, the undersigned hereby declare that I have read and understood the medical questionnaire in Part One, and that all the answers to all the questions are negative: I declare that I have given full and correct information about my past and present medical condition.

Click here to confirm you have read, understood and agree to the above declaration

- [ ] **I Agree**
- [ ] **I can't agree - I will detail why in the field below**

_____

Anything else you would like to make us aware of?

Write 'NO' if there is nothing. Use this space to elaborate on issues brought to light in the above form and statements.

I am not suppressing any relevant/ material facts and all the above stated information is correct to the best of my knowledge. Non-disclosure/ suppression of information may attract penal provisions.

I undertake exercising in Samurai Fitness at my own risk of contracting any disease including COVID 19 and Samurai Fitness will not be liable for any costs incurred or damages suffered upon, either direct or indirect, as a result of or incidental to such illness.

Sign_____