

# COVID-19 HEALTH QUESTIONNAIRE



yoganamara  
YOGA STUDIO

To help prevent the spread of COVID-19 in the community, you must answer ALL these questions and sign this form before coming to Yoganamara Yoga studio for a class.

If you **answer YES** to any of the questions, you are **not allowed** to come to the studio and you are advised to call your doctor for advice.

FIRST & LAST NAME:

MOBILE NUMBER:

Question	YES	NO
1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, fatigue, shortness of breath, loss or change to your sense of smell or taste now or in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you waiting on results of a coronavirus test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been in contact with a person who is a confirmed or suspected case of COVID-19 in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been advised by a doctor to self-isolate at this time	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been advised by a doctor to cocoon at this time?	<input type="checkbox"/>	<input type="checkbox"/>

Further information on people at higher risk from Coronavirus can be accessed [here](#)

SIGNATURE:

DATE: