



## **Covid-19 Personal Training Consent Form**

**These questions must be answered honestly. An answer YES does not exclude you from a consultation / workout, but we will need to discuss options to keep everyone safe.**

**Name:**

**Date:**

**Phone Number:**

**E-mail:**

**By checking the boxes, you confirm that you agree with the following statements:**

- I confirm that I have not been diagnosed with COVID-19 within the last 14 days**
- I verify that I am not waiting for the laboratory test results for COVID-19.**

**Do you have any of these symptoms? - cough, shortness of breath, high fever, muscle pain, body ache, nausea, loss of taste/smell** YES  NO

**Within the last 14 days, have you been in contact with anyone that has COVID-19 symptoms, or is infected?** YES  NO

**Are you living with anyone that is quarantining due to COVID-19 exposure, or because they have traveled to an area that requires a 14 day quarantine?** YES  NO

**I acknowledge that the information I have given in this consent form is accurate and complete. By signing below, I confirm that I understand and agree to all terms and statements in this form.**

**Signature:**

**Date:**