

WELLNESS SCREENING CHECKLIST - SYMPTOM CHECKER

Have you experienced any of the following symptoms within the last 14 days?

Client Name ..... DOB .....

- Are you currently suspected of having COVID-19?
- Have you been in contact with or are living with someone suspected or confirmed of having Covid-19?
- Do you have a fever, or have you had a high temperature? (greater than 37.3°C)
- Have you had a cough or any other respiratory signs?
- Have you experienced shortness of breath?
- Have you experienced any flu-like symptoms such as fatigue, headache, nausea, muscle aches, diarrhoea?
- Have you experienced any sensation of loss of smell?
- Have you had a test for COVID-19? Nasal swab? Antibody test? (if yes, what was date and result of the test?)
- Do you suffer from any of the following? Diabetes, cardiovascular disease, hypertension, chronic lung disease, immunodeficiency, cancer under active treatment?
- Are you pregnant?
- Are you over 70 years of age?
- Have any of your household or close contacts suffered from any of the above in the past 14 days?

RECENT TRAVEL:

- Have you recently travelled internationally, travelled within the UK or attended a public event in the last 14 days? If yes, where and when?  
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- Has any of your household or close contacts recently travelled internationally, travelled within UK or attended a public event in the last 14 days? If yes, where and when?  
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I confirm that if I develop COVID-19 symptoms following my yoga class/ consultation/treatment or a member of my household or a close contact develops symptoms, I will immediately inform Simply Soulful Yoga & Therapies to enable appropriate measures to be put in place and contact tracing to commence:

YES / NO (please circle and initial) .....

Client Name .....

Client Signature ..... Date .....

Practitioner Name ..... Signature ..... Date .....