

## BORDERPILATES TEST AND TRACK FORM.

Date .....

Name .....

Home telephone number .....

Mobile number .....

Email .....

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I confirm i am not presenting any of the following Covid-19

- SymptomsTemperature above 37.8c or higher.
- Loss of taste or smell.
- Dry persistent cough.
- Sore throat.

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I confirm i have not been around anyone with symptoms in the past 14 days.

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I do not live with anyone who is sick or in quarantine.

To prevent the spread of contagious viruses and to protect each other,  
i understand that i am required to follow the studios strict guidelines.

Print name.....

Signature.....

Date.....

