

COVID-19 QUESTIONNAIRE

PRIVATE & CONFIDENTIAL

This COVID-19 Questionnaire is to be filled out and executed by each student and teacher prior to entering The Yoga Lounge. All Questionnaires are the property of the The Yoga Lounge.

Please answer YES or NO to the following questions:

1. Have you, or anyone you reside with, travelled outside of Canada within the last 14 days?

[NO] or [YES], if yes, briefly explain: _____

2. Have you exhibited any symptoms indicative of COVID-19 within the last 14 days?

[NO] or [YES], if yes, briefly explain: _____

3. Are you currently experiencing any symptoms indicative of COVID-19?

[NO] or [YES], if yes, briefly explain: _____

4. Have you had any contact with anyone who has exhibited symptoms indicative if COVID-19 within the last 14 days?

[NO] or [YES], if yes, briefly explain: _____

5. Have you tested positive for COVID-19 within the last 14 days, or had contact with anyone who has tested positive for COVID-19 within the last 14 days?

[NO] or [YES], if yes, briefly explain: _____

DATED this _____ day of _____, 20_____.

Name (please print)

Signature

email address