**ORIGINS MUAY THAI**

**COVID 19: Return to Training Declaration Form**

In order to halt the spread of COVID 19 and ensure Origins Gym is safe for all members we are asking all members to declare themselves Covid symptom free, before returning to training.

Please read, understand, and complete this form before returning to the workplace.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Please Answer the Questions Below** |
| Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms, or have you had in the past 14 days? |
| Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? |
| Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)? |
| Have you been advised by a doctor to self-isolate at this time? |
| Please advise if you are considered for medical reasons in a **Very High Risk** Category (See link below) |
|  |

**Please tick box if your answer to all above is “No”**

**If you have answered “Yes” to any of the above questions, we ask that that you seek medical advice from your GP and that** **you follow the medical advice you receive and do not come training.**

**Declaration and Consent**

This information is being collected for the public interest in the area of public health. The data collected will only be used for this purpose. The Organisation has ensured that appropriate security of the data to protect against (1) unauthorised or unlawful processing, and (2) accidental loss, destruction or damage. A periodic review of the need to retain this data will take place and will be erased when the purpose for which it was collected no longer applies.

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information.

I consent to Origins Muay Thai retaining the above personal information relevant to my membership of Origins Muay Thai. I declare that the information given above is accurate and complete.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_