



EXERCISE FOR LIFE

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### **COVID-19 Questionnaire**

Name \_\_\_\_\_

Class \_\_\_\_\_

#### **Please answer the following questions**

Have you contracted COVID-19?	
If YES, do you have any residual symptoms?	
Have you had any new medical condition since attending the last class?	
Has any existing medical condition got worse since attending the class?	
Has any of your medication changed since the last class?	

#### **COVID-19 Statement**

*The best protection for people at most risk from the virus is to limit contact with others out with their household. The health, safety and wellbeing of all at GCRA is our number one priority.*

*Therefore, as an organisation we ask you to think carefully about your return to face to face group activity. We have undertaken specific COVID-19 risk assessment and introduced additional control measures to minimise the risk, however we ask that you decide on the precautions to be taken, based on your individual circumstances*

Signature \_\_\_\_\_

Date \_\_\_\_\_