DAILY ATTENDANCE REGISTER

DATE: …….

NAME OF GYM: …….

NAME OF COMPLIANCE OFFICER: …….

Time in	Name	Surname	Contact No.	Email:	Reading in C	Coughing/ Short of breath in last 7 days?	Joint and/or muscle pain?	Sore throat?	Contact with Covid-19 infected person/suspect in last 14 days?	Signature
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										