COVID-19 Health Agreement

First Name: Last Name:

1. YOUR HEALTH

Have you experienced any of the following symptoms within the last 14 days? Please circle:

Cough Shortness of breath Fever of 38C or higher Fatigue

None of the above

2. TRAVEL & CONTACT

a) Have you travelled internationally within the last 14 days?

Yes No

b) Have you come in to contact with any suspected, probable, or confirmed COVID-19 infected persons within the last 14 days?

Yes No

3. YOUR APPOINTMENT

Please read each of the statements carefully and circle to indicate that you agree:

I agree to follow strict hygiene practices whilst at my appointment including washing and/or sanitising my hands on arrival and will comply with staff instructions during my treatment.

Yes No

I will not bring anyone to my appointment with me (other than my baby who will remain in his/her pram), to help limit the number of people on the premises.

Yes No

I agree to maintain a physical distance as much as possible and understand some elements of my visit may be slightly different to accommodate social distancing guidelines.

Yes No

I understand in the current, fast moving climate, my appointment may need to be rescheduled with short notice. If this happens a new time will be found within government guidelines.

Yes

No

I agree to let you know if any of the details I have given change, particularly with regards to developing symptoms of COVID-19.

Yes

No

Your co-operation helps to keep our whole community safe. Please sign to indicate that you have filled in this form to the best of your understanding. Thank you for your time, Cassie & Karyn xx

Date: _____ ***Signed:*** _____