

COVID Assessment Form

Please wear a mask to enter the building and in communal areas of the clinic.

Please bring a drink of water with you.

The room is large enough to be seated 2 metres apart.

There is hand sanitizer at the entrance to the building. Please feel free to use your own if you have any sensitivities.

- 1 – Have you got a persistent dry cough? Y/N
- 2 – Do you have a fever or have had one for the past 7 days? Y/N
- 3 – Have you lost sensations of taste/smell? Y/N
- 4 – Have you been in contact with anyone who has Covid19 or Symptoms that have been identified as Covid? Y/N
- 5 – Have you been told to self-isolate, quarantine or stay home? Y/N
- 6 - Do you live with anyone who falls in to the Clinically vulnerable category? Y/N

Name:

Date:

Signature for consent of homeopathic treatment in person:

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