

## COVID-19 : Health Declaration Form

Name;

Email;

Telephone No.

For your own health and safety, as well as that of every other person in this premises, every client is required to fill in this Health Declaration Form to us upon arrival for your appointment.

**1. Have you been admitted in a hospital in the past one month?** Yes No

If Yes, please specific the reason for admission

**2. Do you have any of the following flu like symptoms?**

Fever Yes No

Cough Yes No

Sore Throat Yes No

Running Nose Yes No

Breathlessness Yes No

Loss of sense of smell or taste Yes No

Other, please specify

If you have answered Yes to any of the symptoms above, we kindly ask you to wear a face mark at all time which will be available at the reception desk.

**3. Have you/your closed people been through any of the following areas in the last 14 days?**

Hubei Province (Wuhan/ Ezhou/ Huanggang/ Xiantao/ Zhijiang) Yes No

Other Province/City of China; Yes No

Other Countries; Yes No

**4. Did you come in close contact with any confirmed cases of Coronavirus (COVID-19) in the last 14 days?** Yes No

I hereby confirm that the above information is accurate to the best of my knowledge and agree to keep a temporary record of yourself here for 21 days for assisting NHS with requests for that data if needed:

Client's Signature

Date;

Temperature Check