



## SWCC COVID-19 Risk Assessment Form

Please fill in the questionnaire and either email it back to us or bring it along to your appointment

- 1) Are you experiencing any signs and symptoms of COVID-19, such as a dry cough, high temperature, difficulty breathing, loss of taste and smell or sore throat?  Yes  No
- 2) Have you been exposed to anyone diagnosed with COVID-19 in the last 10 days?  Yes  No
- 3) Have you been contacted by Test & Trace and asked to self-isolate in the last 10 days?  Yes  No
- 4) Have you returned from a country that requires you to self-isolate in the last 10 days?  Yes  No
- 5) Have you tested positive for COVID-19 in the last 10 days?  Yes  No

**If you have answered yes to any of the above please call the clinic to rearrange your appointment.**

I agree to inform the clinic before any follow up appointment should my answer to any of the questions change.

I have received and read the email from the clinic outlining the safety measures which have been put in place  Yes  No

Print name .....

Signed .....

Date .....

Ultimately, at Saffron Walden Chiropractic Clinic, we are doing all that we reasonably can to minimise risk whilst remaining open. However, we cannot eliminate risk entirely, especially as COVID-19 can be spread by those showing no symptoms.