

CLIENT DECLARATION

Thank you for your cooperation during this time to ensure our employees and clients are kept safe.

Please read this form carefully and complete the declaration and return it to us via email no later than 48 hours prior to your visit.

I declare that I, _____ have not...

Had any signs of illness during the last 48 hours including but not limited to: <ul style="list-style-type: none">• Cold and flu symptoms such as sore throat, runny nose, shortness of breath;• Loss of smell or taste;• Headaches or body aches.	<input type="checkbox"/>
Had anyone living in my household or within my bubble with any of the above symptoms:	<input type="checkbox"/>
Been in contact with a confirmed case of Covid-19:	<input type="checkbox"/>
Been in contact with anyone who has returned from overseas in the last 14 days or who is self-isolating on the advice of health officials:	<input type="checkbox"/>

We ask that you please delay or reschedule your appointment if you cannot declare the above as being true.

When you come into our offices for a meeting we ask that you please wear a mask, sanitise your hands before the meeting and scan in using our Covid tracer poster at our front door.

We ask that you kindly confirm your vaccination status

Fully Vaccinated One Dose Not vaccinated

I confirm that I declare the above to be accurate and that I will abide by the protocols set out above:

Signed _____

Name _____

Date _____