



SWCC COVID-19 Risk Assessment Form

Please fill in the questionnaire and bring it to your appointment

- 1) Are you experiencing any signs and symptoms of COVID-19, cough, fever or difficulty breathing? Yes No

- 2) Have you been exposed to anyone suspected or diagnosed with COVID-19 in the last 14 days? Yes No

- 3) Have you worked or attended a clinic/hospital treating COVID-19 patients in the past 14 days? Yes No

- 4) Have you or someone with whom you have been in close proximity travelled outside the UK in the past 14 days? Yes No

- 5) I have received and read the email from the clinic outlining the safety measures which have been put into place Yes No

If you believe there is any reason you should not attend, please follow government health guidelines and self-quarantine for 14 days.

I will inform my chiropractor before any follow-up appointments should my answer to any of the above questions change.

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.

Print name

Signed

Date