

<p>COVID-19 Declaration</p> <p>To be completed on the day of your appointment.</p>	
<p>I declare that I DO NOT have any of the following symptoms:</p>	
<ul style="list-style-type: none"> • high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature) 	
<ul style="list-style-type: none"> • loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal 	
<ul style="list-style-type: none"> • new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) 	
<p>I declare that I have not had contact with any confirmed cases of COVID-19 in the last 14 days and no one in my household is currently self-isolating.</p>	
<p>I understand that Chirozone are making every effort to limit the possible transmission of COVID-19, but I also understand that there cannot be zero risk and hereby consent to face-to-face care.</p>	
<p>Name:</p>	
<p>Signed:</p>	<p>Date:</p>