



COVID-19 Health Declaration

Prior to your treatment you are required to complete a COVID-19 Health Declaration.

Please submit your answers no sooner than 24 hours before your appointment.

First Name:

Last Name:

Email:

Telephone:

Please tick any that apply below:

My body temperature is lower than 37.5°C / 98.6°F

I am not experiencing the symptoms: fever, cough, sore throat

I have not been in close contact with a Covid-19 patient in the last 14 days

Sign:

Date:

I declare that the information I have provided is accurate and complete.