

Angel Chiropody & Podiatry

Coronavirus (Covid-19) Visitor Questionnaire

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to colleagues & visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Before visiting, you are required to confirm the following:

- 1. You have not had any cold or flu-like symptoms in the last 14 days (to include anosmia, fever, cough, sore throat, respiratory illness, difficulty breathing).*
- 2. That you have not returned to the UK in the last 14 days from an area listed in Public Health England's Guidance.*
- 3. You have not been in contact with colleagues, family or friends who have returned from one of those areas or have been in contact with anyone who has been diagnosed with COVID-19.*

By ticking this box, you have agreed to have read and understood the above

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Print Name: _____

Signature: _____ Date: _____

Reason For Visit: _____

We recommend that you continue to follow updates and latest advice on how to protect yourself through Government announcements, Public Health England and the NHS. Further information can be found at these links.

Government advice: <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>

NHS advice: <https://www.nhs.uk/conditions/coronavirus-covid-19/> or Telephone 111



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