65 High Street, Bangor, Gwynedd, LL57 1NR
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Face to Face Appointments Risk Assessment Form

Client information	
Name:	**Date of Birth**
Address	**Contact Number / Email**

Covid19 Risk Assessment	**Yes / No**
1. Do you have / have you had any symptoms* of Covid-19 in the last 14 days?	
2. Have you been in contact with anyone who has any symptoms of Covid-19 in the last 14 days?	
3. Are you or anyone in your household self-isolating?	
4. Are you or anyone in your household shielding due to health risks that would make you or them vulnerable of serious infection / death if you or they contracted Covid-19?	
5. Have you or a member of your household been in close contact with a known or suspected case of Covid-19 in the last 14 days?	

If the answer to any of the above is yes, please cancel your appointment and do not attend.

Signed **Dated**

*Known Covid 19 symptoms include – High Temperature, New persistent cough, muscle pain, difficulty breathing, loss of taste, loss of sense of smell, sickness, diarrhoea, confusion, reduced mobility.