



Coronavirus (Covid-19) Home Visit Screening Checklist

Name: _____

Date: _____

Are you currently required to be in isolation because you have been diagnosed with coronavirus (Covid-19)?

Yes No

Have you been required to quarantine for 14 days a result of being close contact of someone with coronavirus (Covid-19)?

Yes No

If you have answered **No** to the above questions, proceed to the symptom checklist below.

Are you experiencing these symptoms?

Fever (temperature above 37.5°C) Yes No

Chills Yes No

Sore throat Yes No

Shortness of breath Yes No

Runny nose Yes No

Loss of sense of smell Yes No

If you have answered **Yes** to any of the above questions, a recent negative Covid-19 test result must be received by JT Naturopathy before a home-visit can take place.

If you develop symptoms, stay at home and seek further advice from the 24-hour coronavirus hotline 1800 675 398.

You are encouraged to download the COVIDSafe App to assist contact tracing.

By booking a home visit appointment with JT Naturopathy, you agree to:

- A temperature check
- Wearing a face mask

Signed (client / parent or legal guardian) _____ Date: _____

If parent or legal guardian – Name _____