



Wellness Declaration — covid-19

As part of our safety measure and to minimise and manage the risk of transmission of novel Coronavirus (covid-19), we respectfully ask all visitors to Physio-Wise to complete this form before entering either our Gawler or Lyndoch practice. The information provided will be maintained in accordance with the Physio-Wise privacy policy.

(Please circle the answer that applies to you)

1. I **have / have not** travelled to or transited via any country or region during the past 21 days considered to pose a higher risk of covid-19 transmission according to the latest advice on the Australian Department of Health website
(<https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-covid-19-countries.htm>)
 2. I **am / am not** exhibiting or showing any signs of covid-19 symptoms (fever, flu-like symptoms such as coughing, sore throat, fatigue, shortness of breath)
 3. I **have / have not** to the best of my knowledge, had any contact with any person (family, friends or colleagues etc.) diagnosed with or suspected of having covid-19 during the last 21 days.
- If you have responded “have” or “am” then we respectfully ask that you do not enter our premises and reschedule your appointment and/or clinical exercise class.
 - If all of your responses are “have not/am not” then you are required to follow our current team member guidelines and company policies applicable to covid-19. Reception staff can provide you with copies upon request.

By signing this form, I declare all information provided is true and correct.

Consent

Name: _____

Mobile:

Signed: _____

Date: _____