Client COVID-19 DECLARATION

To be completed on the morning of the assessment.

Please cross out either Agree or Disagree. Note that your household includes all occupants.

I confirm that, within the last 14 days, no one in my household or visitors to my household have had signs of a fever, loss of smell or high temperature (above 38 degrees Celsius): Agree / Disagree (circle/ highlight)

I confirm that, within the last 14 days, no one in my household or visitors to my household have experienced persistent coughing or respiratory problems: Agree / Disagree (circle /highlight)

I confirm that, within the last 14 days, no one in my household or visitors to my household have been in contact with any source of the virus: Agree / Disagree (circle / highlight)

If you have disagreed with any of the above, please postpone the assessment and contact NHS 111 for advice.

I confirm that, this morning, the person undertaking the assessment and the designated parent/carer have taken Lateral Flow Tests which has given negative results.

If you feel it is safe to carry out an assessment, please:

* Ensure that only the person being assessed, the assessor and one other **designated** person is present in the room.
* Wash hands before the assessment or use alcohol-based sanitiser.
* Avoid touching your face and hands.

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* Wear a visor if appropriate.
* ensure when possible that 2m distance is kept between the clients and assessor.

Please note that, during the assessment, only the assessor and the person being assessed should be in the room.

Signed: Date: