

Pre Visit/Job Client Health Checklist – Covid-19

(to be completed by client on every job)

Date: Ref Number:
 Time of completing this list: Client Name:

Clients Questions and Answers:

1. Have you been to an affected place in the last 14 days?	Y/N
2. Have you had contact with somebody with coronavirus?	Y/N
3. Is anyone in a high-risk category at the house? (Any customer that is in a high-risk category should not be present on site)	Y/N
4. Confirm one family member only to be in attendance at the premises during the move and 2m social distance to be maintained at all times.	Y/N
5. Confirm that they have a visor/mask?	Y/N
6. Confirm that they have read the customer charter?	Y/N
7. High Temperature – This means you feel hot to touch on your chest or back	Y/N
8. New continuous cough – This means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours. (If you usually have a cough, it may be worse than usual)	Y/N
9. Loss or change to your sense of smell or taste - This means you've notices you cannot smell or taste anything or things smell or taste different to normal. Most people with coronavirus have at least one of these symptoms.	Y/N

Signed by client

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 If client answers questions via telephone,
 name of Greers note taker