

Client Risk Assessment Questionnaire

Client Name:

Address:

	YES	NO
<p>Does anyone at the property being visited:</p> <p style="text-align: center;">Have a high temperature? Have a persistent cough?</p>		
<p>Is anyone at the property undergoing self-isolation?</p>		
<p>Is there anyone at the property who is considered vulnerable to, or requires shielding from, COVID-19 as a result of:</p> <p style="text-align: center;">Age over 70 Underlying health condition Pregnancy</p>		
<p>Have you implemented current government advice <a href="https://www.gov.uk/coronavirus">https://www.gov.uk/coronavirus</a> on your premises?</p>		
<p>Do you have facilities for handwashing?</p>		
<p>I have read and agree to the Pinkham Equine advice on visits and will inform the practice if any of there are any changes in the above questions?</p>		

Signed .....

Date: