

## Howth Financial Services Ltd. - Pre-Appointment Covid-19 Questionnaire

Please complete and return to <u>advice@howthfinancial.ie</u> at least 24 hours before your appointment. If the answer is 'Yes' to any of the below questions we would ask you to re-arrange your appointment.

Client Name

Contact number:

|   | Question  | Yes | No |
|---|---|-----|----|
| 1 | Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past   |     |    |
|   | 14 days?  |     |    |
| 2 | Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?   |     |    |
| 3 | Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days?                                 |     |    |
| 4 | Have you been advised by a doctor to self-isolate at any time in the last 14 days?  |     |    |
| 5 | Have you returned to Ireland from any country not on the 'Green List' in the last 14 days?  |     |    |
| 6 | Do you undertake to inform us if you are tested for or diagnosed with Covid-19 at any stage within the 14 days immediately following your |     |    |
|   | appointment/visit to this office?   |     |    |
| 7 | Do you object to your temperature being taken before entering the premises?   |     |    |
|   |   |     |    |

When on our premises please ensure you follow our direction in respect of use of hand sanitisers and use general respiratory etiquette with regard to coughing/sneezing. I confirm, to the best of my knowledge that I have no symptoms of COVID-19, am not self-isolating or awaiting results of a COVID-19 test and I accept and acknowledge that attending the office of Howth Financial Services Ltd. is at my own risk and I will observe all Covid-19 requirements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_