

CLIENT STATEMENT AFTER THE MEETING

Name of the therapist

Practice address

I hereby declare that I have consulted and that he/she has complied with all the hygiene measures in force concerning COVID-19. I myself have complied with these measures throughout the session, in accordance with public health guidelines. I was informed as soon as the appointment was made not to show up if I had symptoms, and a validation was made with me upon my arrival.

In witness whereof I have signed the:

Signature:

ANPOQ

ASSOCIATION DES
NATUROPATHES PROFESSIONNELS
DU QUÉBEC

DEPUIS 1971 / SINCE 1971

ANOQ

ASSOCIATION DES
NATUROTHÉRAPEUTES
DU QUÉBEC

RMOQ

REGROUPEMENT DES
MASSOTHÉRAPEUTES
DU QUÉBEC