

CLIENT'S STATEMENT BEFORE THE MEETING

Name of the therapist

Practice address

I hereby declare that I do not have any of these symptoms:

- Fever ($> 38^{\circ}\text{C}$)
- recent cough
- chronic exacerbated cough
- respiratory difficulty
- sudden loss of smell without nasal congestion with or without loss of taste
- Muscle pain
- headache
- intense or severe fatigue
- loss of appetite
- sore throat or diarrhea

I also declare that I have not travelled outside Canada within the previous two weeks and that I have not been in contact with anyone with Covid-19 or any of the symptoms mentioned above.

In witness whereof I have signed this:

Signature:

ANPO

ASSOCIATION DES
NATUROPATHES PROFESSIONNELS
DU QUÉBEC

DEPUIS 1971 / SINCE 1971

ANO

ASSOCIATION DES
NATUROTHÉRAPEUTES
DU QUÉBEC

RMO

REGROUPEMENT DES
MASSOTHÉRAPEUTES
DU QUÉBEC