

COVID-19 Declaration

This form is required to be completed by every client, prior to treatment. To help prevent the spread of COVID-19 and reduce the potential risk of exposure, I am conducting a simple screening declaration form.

Your participation is important to help me take precautionary measures to protect you and my other clients. Thank you for your cooperation.

<p>Do you currently have COVID-19 or any symptoms of COVID-19? Please defer your treatment if you are waiting for a COVID-19 test result, have recently tested positive for COVID-19 or have:</p> <ul style="list-style-type: none"> • A high temperature (above 37.8°C) • A new continuous cough • Loss or change to your sense of smell or taste <p>If you have any other new or unusual symptoms, please discuss with your therapist before the treatment.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you had COVID-19? <i>Please confirm with your GP or consultant, before treatment, that massage therapy will not worsen your recent condition and you are no longer thought to be infectious</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does anyone in your household or support bubble have COVID-19 or symptoms of COVID-19?</p> <p>Have you been in close contact with anyone else in the past 14 days who has symptoms of COVID-19 or been contacted by the NHS Test and Trace service and told to self-isolate?</p> <p><i>If yes to either question you will have to defer your appointment until it is safe to do so.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you classed as clinically extremely vulnerable person (high risk)? <i>If you are classed as clinically extremely vulnerable and require shielding you will have received a letter from the NHS explaining this. Defer treatments until the government indicates that it is safe for you to leave home or have visitors providing non-essential care.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

I _____ **(block capitals)** hereby declare that the above information is true and accurate and that, as far as I am aware, I can undertake treatment with this establishment without any adverse effects. I have been fully informed about contra-indications and am willing, therefore, to proceed with treatment.

I acknowledge and accept that this declaration will be considered as my consent to record and store this declaration for the purpose of ensuring the safety of all persons that may I may encounter during my visit. It will be retained in hard copy format at the point of collection and will only be accessed by authorised employees.

I will only retain this information for as long as it remains relevant and for a maximum of six months.

Signature **(Client)**: _____ Therapist/Student: _____

Date: _____

Due to the current COVID-19 situation I also need your added permission to be able to give only your name and telephone number to the **NHS Test & Trace scheme** should such a situation arise.

I agree to my name and telephone number being given to NHS Test & Trace Scheme

Signed: _____ Telephone number: _____

Date: _____