



Due to the infectious nature of coronavirus this consent form must be completed before each booked session. Please answer these questions truthfully so we can do our best to keep all parties safe and help minimise the spread of covid.

Please note that booked sessions cannot continue unless this form is complete and reviewed by the therapist/trainer.

Symptoms – you (or anyone in the household) are experiencing:

- Fever (over 37.8°C): **Yes** **No**
- Persistent cough: **Yes** **No**
- Sore throat: **Yes** **No**
- Shortness of breath: **Yes** **No**
- Loss or change in your normal sense of taste and smell: **Yes** **No**

Exposure:

- Have you or anyone in your household been tested positive for Covid-19 in the last 14 days? **Yes** **No**
- Have you or anyone in your household been exposed to someone with a confirmed COVID-19 case in the last 14 days? **Yes** **No**

Travel:

- Have you done any international travel in the last 14 days to a country which the government has defined as requiring a quarantine period? **Yes** **No**

Consent For Appointment / Treatment:

- I understand that because my session/s can involve touch and close physical proximity, there may be an elevated risk of disease transmission including coronavirus.
- I voluntarily give consent to receive on-going treatment/sessions during this Covid-19 pandemic. If myself or someone I have been in contact with tests positive for coronavirus or have been contacted by NHS Test & Trace I will inform the practitioner. I give consent to my practitioner to inform NHS Test & Trace if so required.

CLIENT NAME:

SIGNATURE: **DATE:**

