**COVID-19 CONSENT FORM**

**Print Name:**

In order to stay open and service your needs at this time, we have been required that you

read the following statement and to sign that you consent to continue.

**Statement on COVID-19**

**Staff Health -** At this moment***, [the practitioners]*** are not exhibiting any symptoms of COVID19 infection.

***[the practitioners]*** are testing their temperature on a daily basis to catch anything early.

**Hygeine -** ***[the practitioners]*** are washing their hands between every patient, and at least once an hour otherwise.

Hand sanitiser is available for everyone’s use, and patient use is a requirement of treatment.

All sections of the bench, and all seating are washed with soapy water between every patient.

All hard surfaces are sprayed with disinfectant between every patient.

All commonly handled items (door handles, card machine, keyboards etc) are disinfected between every patient.

All floors are mopped with soapy water at least once a day.

**Distancing -** ***[the practitioners]*** are in complete social isolation outside of work.

Patient and practitioner chairs have been placed at least 1.5m apart from each other

Patients are booked at least 15 minutes apart to avoid interaction, to allow airborne droplets to fall, and to allow time for extra cleaning measures.

**High Risk -** Those in a high risk demographic (aged over 70, pregnant, or immune compromised) are strongly recommended NOT to receive care.

**COVID-19 -** This virus appears to be spreading easily, and is thought to spread mainly from person-to-person through people who are in close contact with one another (within about 1.5m) or through respiratory droplets produced when an infected person coughs or sneezes.

Whilst it is currently thought that people are most contagious when they are most symptomatic, it is possible some spread might be possible before people show symptoms.

**Ultimately, we are doing all that we reasonably can to minimise risk whilst remaining open. However, we cannot eliminate risk, especially as COVID-19 can be spread by those showing no symptoms.**

I understand that there is a risk of transmission of COVID-19 as a result of attending the clinic.

I agree that ***[The Clinic]*** cannot accept responsibility for transmission of COVID-19 should I become infected.

I have had the chance to ask all the questions I wish to at this time.

Signed: Date: / /

If you are under 16 years of age, this consent should be signed by a parent or guardian.