

## CO-VID 19 PRE-TREATMENT QUESTIONS

**DATE OF COMPLETION:**

**HANDS SANITISED:**

**TEMPERATURE:**

Due to the COVID-19 pandemic, I am taking extra precautions with the intake of each client. Please answer these questions truthfully so I may continue to do my best to stop the spread & keep both you and I safe.

*NOTE: This form MUST be completed/reviewed before every in-person appt otherwise we will not be able to continue with the appt.*

Symptoms include:

Fever

Fatigue

Dry cough

Difficulty breathing

Sore throat

Loss of smell or taste

1. I understand the above symptoms and confirm that I, as well as all members of my household & support bubble, do not currently have, nor have experienced COVID-19 symptoms within the last 14 days.

Yes  No

2. I confirm that I, as well as all members of my household & support bubble, have not been diagnosed with COVID-19 within the last 14 days.

Yes  No

3. I have not travelled outside of the United Kingdom in the last month

Yes  No

4. I understand that this business and health practitioner cannot be held liable should I experience exposure to the virus or any other contagion as a result of my providing misinformation on this form.

Yes  No

5. I understand that, because Sports Massage involve maintaining prolonged and close physical contact, there may be an elevated risk of disease transmission, including COVID-19.

Yes  No

6. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

Yes  No

7. You confirm you are not classed as extremely vulnerable or high-risk person?

Yes  No

By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive treatment

Yes  No

CLIENT NAME

SIGNATURE