Date

First Name Surname

I understand that the novel corona virus, COVID-19, has been declared a worldwide pandemic by the World Health Organisation and that COVID-19 is extremely contagious and it is believed to spread by person-to-person contact; and as a result, social distancing is recommended. This is not entirely possible with the treatment/service you have chosen; however, I am satisfied that safety measures are in place to minimise risk and to remove the treatment/service from the high risk zone.

I understand that you are closely monitoring the COVID-19 situation and I have put in place reasonable preventative measures aimed to reduce the spread of COVID-19 including hand sanitiser, hand washing facilities, disposable tools, strict cleaning schedule after each client and the use of PPE. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this treatment/service. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment/service, and I give my express permission to proceed.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I understand that COVID-19 can cause additional health risks, some of which may not currently be known at this time, in addition to those risks associated with the treatment/service itself.

**I can confirm that I am not currently, or within the past 14 days, suffering with the following:**

I can confirm that I am not suffering from a fever/high temperature

I can confirm that I am not suffering from shortness of breath

I can confirm that I am not suffering from a dry or persistent cough or sore throat

I can confirm that I am not suffering from loss of sense of taste or smell

I can confirm that I have not returned from overseas travel within the last 14 days from countries currently requiring quarantine

I can confirm that I have not knowingly come into contact (or been aware with a tracing app) with anybody who has been affected by the above symptoms

**Signed**

This information will be kept with your consultation form and will be reviewed at every new appointment.