

## Consent to manual manipulative treatment

I am aware that the current COVID-19 pandemic brings a number of known and also unknown risks. I have chosen to seek hands-on treatment during the pandemic in the knowledge that much is still unknown about the virus

Initials: .....

I understand the coronavirus that causes COVID-19 has a long incubation period during which time carriers of the virus may not show symptoms, yet still may be highly contagious. I also understand that some people may have the virus but may not ever have any symptoms. I therefore understand it is impossible to determine who has the virus and I understand that I must assume that anyone anywhere could be infected and infectious.

Initials: .....

I understand that any face-to-face or hands-on treatment means that the UK government's instruction to maintain social distancing of at least 2 meters is not achievable during treatment and involves the risk of COVID-19 infection, regardless of the precautions taken.

Initials: .....

I understand that the clinic and the treating practitioner have taken every possible precaution to make sure my visit is provided in accordance with UK government instructions regarding clinical protocols.

Initials: .....

Name: .....

Date: .....

Signature: .....

Please turn over

## Current condition

I confirm that I am **not** currently suffering from any of the following symptoms of COVID-19 and I have not suffered from any of these symptoms in the last 7 days:

- Fever (a temperature of 37.8 degrees centigrade or above)
- A new persistent dry cough
- Loss of taste and/or smell
- Shortness of breath and breathing difficulties
- Pneumonia
- Extreme fatigue
- Persistent Sore throat

Initials: .....

I confirm that to the best of my knowledge I have not been in close contact (within 2 meters) of anyone suffering with any of these symptoms in the last 14 days.

Initials: .....

I understand that physical contact during treatment must be kept to a minimum and I consent to limited treatments being provided during the current lockdown phase of COVID-19.

Initials: .....

Name:.....

Date: .....

Signature: .....