

Consent to manual manipulative treatment

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

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.

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.

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.

Name:.....

Date:

Signature: