

Covid-19 Questionnaire & Safety Sheet

Please answer the following questions to the best of your knowledge.

Have you tested positive for Covid-19 or been in contact with someone who has within the past 14 days*

Yes / No

Have you been tested for Covid-19?* If you answer 'Yes' when was this test performed.

Yes / No Date: _____

Are you awaiting those results?

Yes / No

Do you have any of the following symptoms?

Loss of Tastes and/or Smell

Dry Cough

Shortness of Breath

Fever

Body Aches

Headaches

Sore Throat

Diarrhoea

None of the above

Have you been in contact with anyone within the last 14 days who is now showing any of the above symptoms*

Yes / No

Have you travelled outside the UK within the past 14 days*

Yes / No

Whilst every effort will be taken to make the treatment environment as safe as possible, please be aware of the risks involved if you live with anyone who is classed as vulnerable.*

Agree

PPE will be provided where required, some treatments will require more than others. I am happy to wear what is provided?*

Agree

For the purpose of 'Track & Trace' I give permission for my time of entry and departure to be recorded and I am happy for my therapist/technician to contact me if required.*

Agree

Please be aware we can only allow one client at a time. We also have arrival instructions, please follow them (can be subject to change, please read the notice)*

Agree

Disclaimer

I confirm that to the best of my knowledge, the answers I have given are correct and I have not withheld any information that may be relevant to my treatment.

I certify that the preceding details are true and correct.

I am aware that it is my responsibility to inform my Therapist of my current and ongoing medical or health conditions and to update this history where necessary.

I am also aware this information is essential for my Therapist to execute appropriate treatment procedures.

I understand that failure to disclose information requested above may result in harm to others to which I accept full liability/responsibility.

Customer Signature* _____

Date* _____