

**COVID-19 CONSENT FORM**

In order to stay open and service your needs at this time, we have been required that you

read the following statement and to sign that you consent to continue.

**Statement on COVID-19**

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| **Staff Health** | * At this moment***, Carol Baker*** is not exhibiting any symptoms of COVID19 infection.
* ***I*** am testing my temperature on a daily basis to catch anything early.
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| **Client Health** | * Patients are called on day of treatment to be vetted for COVID-19 symptoms
* Patient temperatures will be taken at each appointment.
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| **Hygiene measures** | * ***I*** am washing my hands between every patient, and at least once an hour otherwise.
* Hand washing facilities are available for everyone’s use, and patient use is a requirement of treatment.
* All sections of the bench, and all seating are disinfected between every patient.
* All hard surfaces are sprayed with disinfectant between every patient.
* All commonly handled items (door handles, card machine, keyboards etc) are disinfected between every patient.
* All floors are mopped with soapy water at least once a day.
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| **Social Distancing** | * ***I*** amin complete social isolation outside of work, and will be following government guidelines as they change through the exit strategies of lockdown.
* Patient and practitioner chairs have been placed at least 1.5m apart from each other
* Patients are booked at least 15-30 minutes apart to avoid interaction, to allow airborne droplets to fall, and to allow time for extra cleaning measures.
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| **High Risk** | * Those in a high risk demographic (aged over 70, pregnant, or immune compromised) are strongly recommended NOT to receive care.
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| **COVID 19** | * This virus appears to be spreading easily, and is thought to spread mainly from person-to-person through people who are in close contact with one another (within about 1.5m) or through respiratory droplets produced when an infected person coughs or sneezes.
* Whilst it is currently thought that people are most contagious when they are most symptomatic, it is possible some spread might be possible before people show symptoms.
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**Ultimately, we are doing all that we reasonably can to minimise risk whilst remaining open. However, we cannot eliminate risk, especially as COVID-19 can be spread by those showing no symptoms.**

I understand that there is a risk of transmission of COVID-19 as a result of attending the clinic.

I agree that ***Trinitas Clinic*** cannot accept responsibility for transmission of COVID-19 should I become infected.

I have had the chance to ask all the questions I wish to at this time.

**Signed: Print Name: Date:**

If you are under 16 years of age, this consent should be signed by a parent or guardian.