

Wye Valley Shiatsu Client Consent Form – COVID-19

Name:

Contact telephone number:

Emergency Contact Name:

Emergency Contact Number:

Relationship to you:

Have you tested positive or had treatment for COVID-19?

Yes If so, when? _____ No

Have you, or has anyone you are in close contact with, had any of the following signs or symptoms associated with coronavirus?

Tick if you or someone you've come into contact with, has experienced any of the following symptoms:

A high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)

A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

A loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Tick to confirm you've followed the social distancing measures outlined by the government during COVID-19?

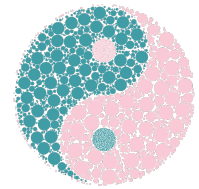
Yes

I consent to treatment from (Practitioner name)

I confirm I am in agreement to the necessary adaptations required to treatments before and during sessions as well as to the suspension of social distancing measure. I understand that these adaptations help to reduce the risk of Coronavirus but cannot eradicate it. I also confirm that I understand that receiving treatment may increase my risk of exposure to Coronavirus. Please sign below to agree.

..... (Client signature) (Date).....

Your data will be held in compliance with the usual GDPR policy of this practice



While on the premises of Wye Valley Shiatsu, I agree to:

- Maintain a 2 metre distance from other people whenever possible
- Wear a face mask/gloves if my practitioner directs me to and not remove the mask/gloves except when directed by staff
- Wash my hands for 20 seconds (or use a hand sanitiser if washing facilities not available) before and after my treatment, before and after using the bathroom, and to maintain hand hygiene at other times by washing hands correctly
- Practice proper cough & sneeze etiquette by coughing/sneezing into tissues, washing hands, disposing of tissues as instructed. I agree that if I am about to cough or sneeze, I will warn my practitioner so that they can maintain a safe distance
- Remain in areas designated for my visit only
- I agree to immediately notify **Wye Valley Shiatsu** if I develop symptoms of COVID-19 within fourteen (14) days of my last visit

Please tick above boxes to agree and sign and date below

Signed:

Dated: