

COVID-19 Disclaimer

Following the COVID-19 pandemic, we've put extra measures in place for the safety of you and our staff members.

We require all clients to fill in our COVID-19 form. Please carefully read and answer the below questions. This information will be stored confidentially and securely for 21 days.

If you or a member of your household has developed a cough, fever, breathlessness, sore throat or headaches in the last 14 days, please contact us before your appointment so we can obtain further information from you and advise accordingly.

Please get in touch if you have any questions.

Personal information

Name: _____

Contact number: _____

Address: _____

Questions

Please answer all of the questions below and choose one answer.

1. Are you experiencing a cough?

YES _____ NO _____

2. Are you experiencing shortness of breath?

YES _____ NO _____

3. Have you had a fever (above 37.7C degrees) in the last 14 days?

YES _____ NO _____

4. Have you noticed a loss or change in your sense of taste or smell?

YES _____ NO _____

5. Have you had contact with anyone that has suspected COVID-19 in the last 14 days?

YES _____ NO _____

Agreement

- I have understood, read and completed this form truthfully to the best of my knowledge.
- I knowingly and willingly consent to having services at Melvyn Hughes Osteopathy during the COVID-19 pandemic.
- I consent for the services to be carried out which involves a staff member of the Melvyn Hughes Osteopathy team being in physical contact with me with less than 2 meters distance.
- I confirm that to the best of my knowledge, that I, my household or social bubble have not been in contact with anyone that has had symptoms of COVID-19 in the last 14 days.
- To prevent the spread of the virus and protect each other, I confirm that I will strictly follow the guidelines set out by Melvyn Hughes Osteopathy.
- If guidelines are not strictly followed, I understand that Melvyn Hughes Osteopathy has the right to cancel the appointment with the full cost of the service being charged and any other paid costs being non-refundable.
- I confirm that I release the Melvyn Hughes Osteopathy staff member performing the service and Melvyn Hughes Osteopathy as a business from any and all liability for the unintentional exposure or harm due to COVID-19.

Signature

Client signature: _____

Date: _____