



Consent for Treatment - COVID-19

I understand that COVID-19 has a long incubation period during which the carriers of the virus may not show the symptoms and may still be contagious.

I understand that :

1. Physical distancing of 2 metres may not be possible whilst in the treatment room receiving services.
2. I will sanitise my hands on entering the treatment room.
3. I will make all attempts to cover my mouth and nose in the event of coughing and/or sneezing and then immediately sterilise my hands
4. I will minimise the touching of common surface/areas
5. I may be unable to proceed with services at Blue Buddha if they are deemed unsafe to myself or a staff member
6. I may NOT bring children or anyone else who does not have an appointment into the treatment room.

I confirm that:

1. I am not currently positive for COVID-19
2. I am not waiting for the results of a laboratory test for COVID-19
3. I have not been in close contact (within 2 meters) of anyone suffering with these symptoms in the last 14 days.
4. I am not in high risk category for increased illness or death from COVID-19, including : diabetes, cardiovascular disease, hypertension, lung disease including moderate to severe asthma, being immunocompromised (including transplant recipient), having active malignancy.
5. I am NOT presenting with any of the following symptoms of COVID-19:
 - Fever > 38C, or 100F, chills or body aches
 - Cough
 - Sore Throat
 - Shortness of breath / Difficulty breathing
 - Flu-like symptoms
 - Runny Nose
 - Loss of smell or taste

I will immediately notify Lisa at Blue Buddha if I contract the virus within two weeks following my visit.

By signing below, I verify that the information I have provided on this form is truthful and accurate.

Name:

Address:

Post code:

Tel. No:

Client signature: Date:



@bluebuddhatherapy | blue-buddha.co.uk

07784 827 051 | hello@blue-buddha.co.uk | Dean Lee, Dean Lane, Hepworth

