

The Body Junction

COVID-19 Client Declaration and Consent Form

Client name: _____

Mobile Number: _____

Client Address: _____

I understand the coronavirus causes the disease known as COVID-19. I understand the coronavirus virus has a long incubation period during which time carriers of the virus may not show symptoms and still be contagious.

I confirm that I am not feeling unwell.

I do not believe I have been exposed to someone with a suspected and/or confirmed case of the coronavirus.

I confirm that I (or anyone I live with or in my support bubble) have not presented any of the following symptoms of COVID-19 in the last 14 days:

- **Fever over 37.8°C • New Continuous Cough • Shortness of Breath • Difficulty Breathing**
- **Flu-like Symptoms • Loss of Sense of Taste or Smell**

I confirm that I (or anyone I live with or in my support bubble) are not currently positive for the coronavirus.

I confirm that I (or anyone I live with or in my support bubble) are not waiting for the results of a laboratory test for the coronavirus.

I confirm that I (or anyone I live with or in my support bubble) have not been told to self-isolate.

I understand that air travel significantly increases my risk of contracting and transmitting COVID-19 and I confirm that I have not travelled internationally within the past 14 days.

I confirm that I have not travelled to a highly infected area within the UK in the last 14 days.

To help prevent the spread of the coronavirus and to help protect each other, I understand that I will have to follow the The Body Junctions strict Infection Prevention and Control rules and guidelines.

We have worked hard to put into place new safety regulations to make your visit as safe as it can possibly be. However, we must make you aware that there may be a risk of exposure to COVID-19 which exists in any public place. By visiting The Body Junction, you accept that you do so at your own risk and that we cannot be held responsible for the potential exposure to an infection by COVID-19.

It is your obligation to inform us of any changes to your circumstances in relation to the above information.

I verify the information I have provided on this form is truthful and accurate.

SIGNATURE OF CLIENT _____

Printed Name _____

Date _____