

**OSTEOPATHIC HEALTH CARE**  
**Julie Oliver BSc (Hons) Ost. Med. Registered Osteopath.**

**COVID-19 CONSENT FORM**

**Name:** \_\_\_\_\_

In order to provide osteopathic treatment for you at this time, it is required that you read the following statement and sign that you consent to continue.

**High Risk-** Prior to visiting the clinic you must not be in the high risk category; suffering any symptoms of COVID-19 or have been in contact with anybody who has the virus. Those in high risk demographic (aged 70+, pregnant, or immune compromised) are strongly recommended not to receive care.

**All patients** will be required to wear their own face mask at all times and during the treatment to reduce risk. Patients will also be requested to wash their hands in the clinic before the treatment. Hand sanitisation will be provided for use. Sufficient time will be allocated in-between patients to avoid cross-infection, allowing airborne droplets to fall and extra time for cleaning measures. If necessary the taking of body temperature can be carried out.

**Staff Health-** At this moment, your practitioner is not exhibiting any symptoms of the COVID-19 infection. Your practitioner is testing their temperature on a daily basis, using PPE and the following hygiene measures:

- Face masks, apron and gloves; of which each will be replaced after every patient treatment.
- If it is necessary a full face visor will be worn also.
- Hand washing in between patients and the donning of fresh gloves.
- Payment for treatment will be taken via card machine or bank transfer.

**Hygiene-** All sections of the bench and seating are washed with soapy water/ disinfectant between every patient. All hard surfaces and commonly handled items (door handles, card machine, keyboards etc) are disinfected between every patient and floors cleaned at least once a day.

**Ultimately, we are doing all that we reasonably can to minimise risk whilst practicing. 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 the 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: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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