



DATE OF COMPLETION:

COVID-19 DECLARATION FORM

Due to the COVID-19 pandemic, we are taking extra precautions with the intake of each client. Please answer these questions truthfully so we may continue to do our best to stop the spread & keep both you and our therapists safe.

NOTE: This form MUST be completed/reviewed before every in-person appt otherwise we will not be able to continue with the appt.

Symptoms include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Sore throat
- Loss of smell or taste

I understand the above symptoms and affirm that I, as well as all members of my household, do not currently have nor have experienced COVID-19 symptoms within the last 14 days.

Yes No

I affirm that I, as well as all members of my household, have not been diagnosed with COVID-19 within the last 14 days.

Yes No

I have not travelled outside of UK in the last month

Yes No

I understand that this business and health practitioner cannot be held liable should I experience exposure to the virus or any other contagion as a result of my providing misinformation on this form.

Yes No

I understand that, because Sports Massage involves maintaining prolonged and close physical contact, there may be an elevated risk of disease transmission, including COVID-19.

Yes No

I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

Yes No

By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive ZEM Sports Massage Therapy

Yes No

CLIENT NAME

SIGNATURE