

CLIENT DECLARATION & CONSENT FORM – COPY FOR THERAPIST

FULL NAME	
FULL ADDRESS	
POST CODE	
EMAIL ADDRESS	
MOBILE NUMBER	

I do not have Covid-19 to my knowledge

I have/ have not been tested for Covid-19

The test was negative

I have checked my temperature today. It is:

I have not been in contact with anyone with Covid-19, to my knowledge

I am/am not connected to a tracing app

If either I, or a contact, tests positive for Covid-19 I will inform you immediately

SIGNED

I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously believing the same to be true.

If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.

Full name:

Date: