

CONSENT FOR TREATMENT AND DECLARATION DURING COVID-19 PANDEMIC

CONSENT FOR ASSESSMENT AND TREATMENT DURING COVID-19 PANDEMIC

I agree to take part in assessments and treatments given by Active Living Physiotherapy Clinic (ALPC) during the Covid-19 pandemic.

DECLARATION

I _____ declare that I do not have the following symptoms:

- Cough – new or exacerbation of chronic cough
- Sneezing
- Runny Nose
- Sore Throat
- Difficulty Breathing
- Fever
- Fatigue
- Nausea
- Diarrhoea
- Generally Unwell

I also declare that I have:

- Not travelled in the past 2 weeks
- Not been in contact with people in self-isolation for the past 2 weeks
- Not been in contact with someone who had Covid-19 in the past 2 weeks or has Covid-19

Patient's Signature: _____

Date: _____

Physiotherapist's Signature: _____

Date: _____