

COVID-19 SCREENING & DISCLAIMER FORM



To the best of my knowledge, I, _____ (*therapist's name*) do not currently have Covid-19, nor have I been in contact with anyone who has tested positive for Covid-19, or anyone displaying any symptoms of Covid-19 in the last **10 days** (because this is the infectious period).

To be completed by client no more than 24 hours before every appointment:

Client's name:	
Address & postcode:	
Best contact no:	

1 - Since your last visit have you had Covid-19? YES NO

2 - Are you currently experiencing ANY of the following symptoms?

A new continuous cough?	YES	NO
A loss of, or change in sense of smell or taste?	YES	NO
A high temperature or fever?	YES	NO
A sore throat?	YES	NO
A runny nose?	YES	NO
A headache?	YES	NO

If yes, I cannot treat you at this time. Please isolate for 10 days and arrange to get tested through NHS Inform: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-testing>

3 - Are you at high risk from Covid-19?

Were you previously on the high risk / shielding list?	YES	NO
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Please sign the disclaimer below:

Legal disclaimer:

I _____ (*client's name*) confirm that **within the last 10 days**, to my knowledge, **neither myself, nor any member of my household:**

- have been diagnosed, or experienced symptoms of Covid-19
- have been exposed to anyone diagnosed, or experiencing any symptoms of Covid-19
- have returned from travel outside the UK
- I consent to you providing my details to NHS Scotland Test & Protect, if required to do so.

By signing this document, I confirm the above statements are true and correct.

I hereby acknowledge that massage services involve close contact with a Massage Therapist for a period of time, and in circumstances in which it is possible to contract Covid-19, notwithstanding any safety measures and precautions to the contrary. I agree to accept this risk in order to receive the benefit of the massage services.

I hereby irrevocably and unconditionally waive all claims and release and forever discharge _____ (*Therapist's name / Clinic name*) and its officers, directors, and employees from all and any liability, whatsoever in relation to any claim for any death, injury, loss, or damage of whatsoever nature, that may arise if I contract Coronavirus in the provision of the services or infect another person, except in so far as it can be demonstrated that such death or injury was occasioned as a result of the above therapist's negligence or failure to take appropriate safety measures and precautions. Nothing in this document excludes or limits any liability which cannot legally be limited, including but not limited to liability for death or personal injury caused by negligence.

Signed: _____ Dated: _____

