



## Declaration of Health & Disclaimer prior to Hands-On Therapy

### *I hereby confirm that:*

- I am not knowingly experiencing any symptom of the Covid-19 Coronavirus illness such as a **dry cough, shortness of breath or difficulty breathing, new loss of taste or smell, high temperature, fever, chills, repeated shaking with chills, muscle pain, headache or sore throat.**
  - I have **not knowingly been exposed to, or in close personal contact with** any person exhibiting any of the Covid-19 Coronavirus symptoms listed above, within the last 14 days.
  - I am not living, or working closely with, **any person who has been diagnosed** with the Covid-19 Coronavirus within the last 14 days.
  - I have not **travelled internationally** within the last 14 days.
  - I have not travelled to an **increased infection rate area** within the UK during the last 14 days.
  - I have not been part of a **mass-participation event** within the last 14 days.
  - I have not been **tested or diagnosed** with Covid-19 Coronavirus **and not yet cleared as non-contagious** by UK public health authorities.
  - I am **following all UK Government recommended guidelines** as much as possible and limiting my exposure to the Covid-19 Coronavirus as much as practicably possible.
- *I acknowledge that Achilles Healers Sports Therapy has **put in place all reasonably practicable measures** to reduce the spread of the Covid-19 Coronavirus.*
- *I also acknowledge that Achilles Healers Sports Therapy **cannot guarantee that I will not become infected** with the Covid-19 Coronavirus. I understand that the risk of becoming exposed to and/or infected by the Covid-19 Coronavirus may indirectly result from the actions, omissions, or negligence of myself and others, including, but not limited to, clinic staff, and other clinic clients and their families.*
- *I **voluntarily seek the services provided** by Achilles Healers Sports Therapy and acknowledge that I am increasing my risk to exposure to the Covid-19 Coronavirus. I acknowledge that **I must comply with all set procedures whilst in clinic** to reduce the spread of the virus whilst attending my appointment.*

**Signed:** (Signature): \_\_\_\_\_

**Name:** (Print Name): \_\_\_\_\_

**Date:** (DD / MM / YYYY): \_\_\_\_\_