

THERAPIST DECLARATION & CONSENT FORM – COPY FOR CLIENT

FULL NAME	Richard Alan Daley
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MOBILE NUMBER	07825441744

I do not have Covid-19 to my knowledge

I have/ have not been tested for Covid-19

The test was negative

I take my temperature every day

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

I am connected to the NHS Track & Trace app

If either I, or a client, 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.

Signed:

Full Name: ... Richard Alan Daley.....

Date: