

Informed consent for Foot treatment/Reflexology

As far as I am aware I do not have any symptoms of Covid-19, nor does anyone in my household. I confirm that in the last 14 days,I have not been in contact with anyone who has been diagnosed with or suspected of having Covid-19. For the duration of the appointment:

- I agree to wear a face mask and disposable gloves (Gill will provide where necessary)

- Talking will be kept to a minimum

- We will maintain at least two metres distance from each other at all times where possible

- No other person will be present due to needing physical distance from one another

I understand that in Gill’s Clinic, she will disinfect all hard surfaces that Patients may have come into contact with. I **will not** use the Clinic waiting room before my treatment.

Future appointments will be made via the telephone.

In signing this Consent, I am agreeing to the above and understand the reasons for these measures. Gill Board has confirmed that as far as she is aware, she has no signs of Covid-19. Nor has she been in contact, in the last 14 days, with anyone who has been diagnosed with or suspected of having Covid-19.

Patient signature.....

Date.....