**THERAPIST COVID-19 DECLARATION – CLIENT COPY**

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| --- | --- |
| **FULL NAME** |  |
| **FULL ADDRESS** |  |
| **POST CODE** |  |
| **EMAIL ADDRESS** |  |
| **MOBILE NUMBER** |  |
|  |
| To my knowledge I do not have Covid-19  |
| I have/ have not been tested for Covid-19. Result: positive / negative Date: |
| I take my temperature daily |
| To my knowledge I have not been in contact with anyone with Covid-19 |
| I am registered with the NHS Track & Trace app |
| If either I, or a client, test 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.Full name: ………………………………………….Date: ………………………………. |