

## THERAPIST COVID-19 DECLARATION – CLIENT COPY

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<b>FULL ADDRESS</b>	Away Pain Therapy – The drive Osteopaths, 72 the Drive, Hove
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<b>MOBILE NUMBER</b>	07540182238
To my knowledge I <b>do not have</b> Covid-19	
I have/ <b>have not</b> been tested for Covid-19.      Result: positive / negative      Date:	
I take my temperature daily – todays temperature is -	
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	
<b>SIGNED</b>	
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: .....	

You are welcome to a copy of this document for your records, please ask. A copy was also emailed to you with your treatment information email.