

# **Covid 19 Consent to Treatment 2020**

By attending appointments at either [Propulsion Podiatry](#) or [Heathville Osteopaths](#) you accept that there is a risk of Covid 19 infection and agree that to the best of your knowledge neither the treating therapist nor you have in the last 14 days:

- **Had Covid 19.**
- **Had signs or symptoms of Covid 19.**
- **Met with or come into contact with any known persons with Covid 19.**
- **Met with or come into contact with persons with signs & symptoms of Covid 19.**
- **Have a temperature.**
- **Have a persistent cough.**
- **Have or had a loss of taste or smell.**
- **Have or had flu like symptoms.**

I accept that either the [Podiatrist](#) or the [Osteopath](#) has followed the current guidelines set out by their Professional Body and by WHO including:

- **Using appropriate PPE (personal protective equipment)**
- **Infection control measures and clinical hygiene standards.**
- **Completed a Risk Assessment for Covid 19**
- **Put in place appropriate distancing measures**

- **Limited numbers of patients in the practice i.e. encouraging patients to wait in their cars, not to arrive early for appointments and no one except the person attending for the appointment to be allowed into the practice.**

I accept that all reasonable efforts will be made to reduce infection risk from the Practitioner and myself, the patient, during treatment and therefore accept and consent to attending for the appointment.