

Covid-19 Waiver and Self Screen Policy

Self Screen

To ensure our mutual CV-19 safety, on the day, if you find that you can answer **yes** to any of the following questions, please reschedule your session if you suspect you may be unwell. I too may have to cancel your appointment at short notice if I am unwell or find that I've been exposed to someone with a diagnosis or suspected Coronavirus in the past 14 days.

- Have you experienced any flu-like symptoms, or felt unwell in the past 7 days? These can include a fever or raised temperature, symptoms of respiratory infection, shortness of breath, a persistent cough, and a loss of smell.
- Have you had Covid-19 diagnosed or suspected during the past 30 days?
- Has anyone that you've been in close contact with over the last 14 days contracted Covid-19 to your knowledge?
- Have you been advised to quarantine either by a health care provider or Public Health England and are you still under that advice?
- During the past 14 days, have you travelled to a country or region with a high level of Covid-19 risk?

NHS Test and Trace

As the population learns to live with this contagious virus, the NHS test and trace system will help to reduce transmission.

All collected data complies with the General Data Protection Regulation and would be held for 21 days only, this reflects the incubation period. These include a record of your name and telephone number. The date of your visit, arrival, and departure time.

In the event of an outbreak the NHS may contact me to request client visits. Supporting the NHS Test and Trace is voluntary; this information will only be used where necessary to help stop the spread of COVID-19. You can choose to opt out, and if so, let me know and I will not share your details with the NHS.

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COVID-19 Liability Waiver Please sign and return on the day of your first visit, with thanks.

Date

Name

I acknowledge the contagious nature of Covid-19 and that the Public Health Authority still recommend practicing 1 meter social distancing.

I acknowledge that Jennifer Bennett has taken mitigating actions to prevent the transmission of the Coronavirus during my visit.

I acknowledge that Jennifer Bennett cannot guarantee that I will not become infected with Coronavirus that may arise in connection with therapy services received from Jennifer Bennett.

I agree this release discharges Jennifer Bennett from any liability or claim that I may have with respect to the possibility of contracting Covid-19 whilst in her provision.

I have read, understand and agree to follow the Healer Within You Covid-19 safety policy.

Signature