

Coronavirus Risk and Compliance –

Additional Consent to Examination & Treatment June 2020

Dr Damon Murgatroyd, Registered Osteopath

In order that treatment may commence it is requested that you read, understand and agree to the following. This is for the protection of you, other patients, myself and my staff

- Every effort has been made to make your visit as safe as is reasonably possible whilst complying with Government and Public Health England guidelines.
- A risk assessment has been undertaken to this effect, specific to this practice and its environment.
- You have been asked about your health and circumstances in relation to the risk of having Coronavirus (covid-19) and answered honestly.
- You have read the measures put in place to reduce the risk of infection whilst visiting this practice. (As seen on the Risk Assessment and Practice Adaptations form on my web site, or read as a hard copy).
- Although visiting and having treatment at my practice may be one of the safest environments outside of your home, no guarantee can be made that you cannot contract Covid-19 at this practice or at my place of work; and that Dr Damon Murgatroyd Registered Osteopath has made you or your family member(s) aware of said risk of contracting covid-19 virus.
- It is understood that if you were to develop covid-19 symptoms (fever/dry cough, difficulty breathing, loss of taste or smell) within 14 days of visiting the clinic, you must inform me immediately so that other patients seen by me can be contacted.

If there are any aspects of this form you do not understand or not agree to then it is important you raise your concerns now. I will be happy to explain, and it is important that you are fully aware and confident to proceed with physical examination and treatment.

It will also be my obligation to inform you if I were to develop covid-19 symptoms and advise that you self-isolate and take appropriate actions.

Please Sign:

I have read and understood the above information: Coronavirus Risk and Compliance – Additional Consent to Examination & Treatment June 2020. I also understand that I can ask any related questions before treatment begins.

Name:

Signature:

Date:

Who you are (patient, parent, guardian etc):