**COVID-19 Consent Form**

**Please read carefully. You will be asked to complete and sign a consent form when you arrive for your appointment.**

The current advice from the HSE (https://www2.hse.ie/coronavirus/) is that COVID-19 is spread in sneeze or cough droplets. Transmission is therefore possible by:

* coming into close contact with someone who has the virus and is coughing or sneezing
* touching surfaces that someone who has the virus has coughed or sneezed on and bringing your unwashed hands to your face (eyes, nose or mouth).

The HSE has regularly updated details on the symptoms of COVID-19 and if you are feeling unwell, you should consult the available information. If you are displaying any of these symptoms, you should follow the HSE advice, which currently includes staying home and self-isolating, and so not attend the clinic for treatment at this time.

However, current information suggests that it can take up to 14 days for symptoms to appear and so we have put a number of procedures in place at out clinic to limit, as much as possible, the risk of transmission of the virus.

Before attending Jackie Keane Reflexology at this time, all clients must carefully review the attached COVID-19 Clinic Policy, and Consent Form, which includes these procedures, and then confirm the following. This will be completed on arrival at the Clinic.

|  |  |  |
| --- | --- | --- |
| Q1  | **You understand that there is a risk of transmission of COVID-19 as a result of attending your appointment**   | Yes No  |
| Q2  | **You understand that Jackie Keane Reflexology, having followed COVID-19 Government guidelines cannot accept responsibility or liability for transmission of COVID-19, should you become infected.**   | Yes No  |
| Q3  | **Having read, understood, and agreed, you accept the terms of Jackie Keane Reflexology’s COVID-19 Policy.**   | Yes No  |
| Q4  | **By making an appointment I consent to current COVID-19 contact tracing regulations.**   | Yes No  |
| Q5  | **Yes, I have read understood and accept these terms.**   | Yes No  |

**Signed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_**

**If you are not in a position to tick “Yes” to the questions above, I regret that I cannot provide you with an appointment at Jackie Keane Reflexology at this time.**

Thank you for your understanding and patience during this challenging time.

**Jackie Keane**