

## THERAPIST COVID-19 DECLARATION – CLIENT COPY

<b>FULL NAME</b>	
<b>FULL ADDRESS</b>	
<b>POST CODE</b>	
<b>EMAIL ADDRESS</b>	
<b>MOBILE NUMBER</b>	
To my knowledge I do not have Covid-19	
I have/ have not been tested for Covid-19.      Result: positive / negative    Date:	
I take my temperature daily	
To my knowledge I have not been in contact with anyone with Covid-19	
I am registered with a Track & Trace app (when available)	
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:            .....	