GCMT The Council for Soft Tissue Therapies

COVID-19 CONSULTATION & CONSENT DOCUMENT

FULL NAME				
FULL ADDRESS				
POST CODE				
EMAIL ADDRESS				
MOBILE NUMBER				
Are you registered on any Test & Trace app?	YES		NO	
TESTING				
Have you had a positive Covid-19 test in the past 14 days	YES		NO	
Have you been in contact with anyone with either Covid-19, or Covid-19 symptoms, in the past 14 days?	YES		NO	
Has anyone in your household been in contact with anyone with either Covid-19, or Covid-19 symptoms, in the past 14 days?	YES		NO	
If your answer is yes to any of the above, you should self-isolate according to government advice.				
SYMPTOMS - Have you experienced any of the following in the last 7 days?				
High temperature or feeling feverish	YES		NO	
Persistent cough or having breathing difficulties	YES		NO	
Loss of taste or smell	YES		NO	
If your answer is yes to any of the above, you should self-isolate according to government advice.				
Do you have any of the following health issues?				
High blood pressure or other heart condition	YES		NO	
Diabetes Type 1 or 2	YES		NO	
Cancer – currently receiving any treatments	YES		NO	
Lung condition – cystic fibrosis, COPD, asthma	YES		NO	
Organ transplant in the last 6 months	YES		NO	
Bone marrow or stem cell transplant in the last 6 months	YES		NO	
Pregnant with a heart condition – how many weeks?	YES		NO	
Pregnancy without any other condition – how many weeks?	YES		NO	
Suppressed immune system or susceptible to infections	YES		NO	

Brain and nervous system conditions	YES		NO	
Heart disease, diabetes, chronic kidney disease or liver disease	YES		NO	
A BMI of 40 or over	YES		NO	
Are you?				
Over 70	YES		NO	
Of BAME heritage	YES		NO	
An NHS front line worker	YES		NO	
A carer – home or care home	YES		NO	
Shielding a vulnerable adult	YES		NO	
Likely to have a companion with you?	YES		NO	
Have you?				
Arrived in the UK from abroad in the last 14 days?	YES		NO	
If so from where:				
Been on holiday in the UK in the last 14 days?	YES		NO	
If so, where:				
Recently been hospitalised, for other than Covid-19?	YES		NO	
If so, for what condition?				
Are you?				
Allergic to latex gloves or any cleaning products – please specify	YES		NO	

SIGNED

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 this information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.

Should anyone I have been in direct contact with over the past 14 days tests positive for Covid-19 I will take advice from NHS Test & Trace, my GP, 111 and 119 as to whether it is necessary to inform you

Full name: ……

Date: ……