

DECLARATION OF HEALTH AND CONSENT TO TREATMENT

I have previously read and understood this declaration prior to arrival

I declare that I am to the best of my knowledge, free of symptoms of Covid-19 currently or in the past 14 days. Nor has anyone I am living with or been in close contact with. This includes a new continuous cough, high temperature or loss of taste or smell.

I understand the risks of treatment and Covid-19 and understand an extensive risk assessment has been carried out to mitigate the risks where possible.

I have read and accepted the Appointment Procedure.

I consent to chiropractic examination and treatment

I have read and accepted the Cancellation Policy

PRINT NAME.....

Signed..... Date.....