

COVID-19 Risk and Compliance. (consent to examination & treatment)

**M J Murgatroyd D.O. Registered Osteopath.**

REGUS Offices

Cinnamon House, Cinnamon Park, Crab Lane, Fearnhead, Warrington, WA2 0XP.

In order that treatment may commence and for the protection of other patients, myself, Regus staff and of course your family/friends and the community at large. It is requested that you read and understand and agree the following:

- Every effort has been made to make your visit as safe as is reasonably possible by 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 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 form on my web site or you can read a hard copy now).
- 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 my place of work and that M J Murgatroyd Registered Osteopath has made you aware of said risk to you or family member 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 that the practitioner has seen 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 action.

Print Name:

Signed:

Date: