Health information: Covid-19 consent form

| Name  (please print) |  |
| --- | --- |

| Date |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

Covid-19 screening information

|  |  |  | |  | |  | **Y** |  | | **N** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Have you had a fever in the last 10 days? |  | |  | |  | ⚪ |  | | | ● |
|  | (feeling hot to touch on your chest and back) |  | |  | |  |  | | |  |
|  |  | |  | |  |  |  |  | |  | |
| 2 | Do you now, or have you recently had, a persistent dry cough? |  | |  | |  | ⚪ |  | | ⚪ | |
|  | (coughing a lot for more than an hour, 3 or more coughing episodes in 24 hours or worsening of a pre-existing cough) |  | |  | |  |  |  | |  | |
|  |  | |  | |  |  |  |  | |  | |
| 3 | Have you lost sensations of taste and smell? | |  | |  |  | ● |  | ● | | |
|  |  | |  | |  |  |  |  | |  | |
| 4 | Have you been in contact with anyone in the last 10 days who has been |  | |  | |  | ⚪ |  | | ⚪ | |
|  | diagnosed with Covid-19 or has coronavirus-type symptoms? |  | |  | |  |  |  | |  | |
|  |  | |  | |  |  |  |  | |  | |
| 5 | Have you been told to stay home, self-isolate or self-quarantine? |  | |  | |  | ⚪ |  | | ⚪ | |
|  |  | |  | |  |  |  |  | |  | |
| 6 | Do you or anyone that you live with fall into the  ‘clinically extremely vulnerable’ category? | |  | |  |  | ⚪ |  | | | ⚪ |
|  |  |  | | |  |

Consent for treatment

I understand that, because my treatment may involve touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including Covid-19.

I give my consent to receive treatment from this practitioner.

| I am the | **Patient** | ⚪ | \***Parent/Guardian/Carer** | ⚪ | **Practitioner** |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | |  |
| Signed |  | | | |  |
| Date |  | | | |  |

\***If you are signing on behalf of the patient, or if the patient is a minor, please state your relationship with the patient below:**

| I am the patient’s |  |
| --- | --- |

Clinically extremely vulnerable people (Please check your own devolved nations guidance here and complete a list for which an example is given below)

England: [Close contact guidance – Sections 3 and 7](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/close-contact-services)

Northern Ireland: [Close contact guidance – Sections 3 and 7](https://www.economy-ni.gov.uk/sites/default/files/publications/economy/keeping-workers-clients-safe-during-covid.pdf)

Scotland: [Workforce planning and support](https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/pages/workforce-planning/)

Wales: [Close contact guidance – Section 2](https://gov.wales/close-contact-services-businesses-coronavirus-workplace-guidance-html)

Clinically extremely vulnerable people

You're considered clinically extremely vulnerable if:

* your doctor or GP has classed you as clinically extremely vulnerable because they think you're at high risk of getting seriously ill
* you've been identified as possibly being at high risk through the [COVID-19 Population Risk Assessment](https://digital.nhs.uk/coronavirus/risk-assessment/population)
* you've had an organ transplant
* you're having chemotherapy or antibody treatment for cancer, including immunotherapy
* you're having an intense course of radiotherapy (radical radiotherapy) for lung cancer
* you're having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
* you have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
* you've had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
* you've been told by a doctor you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
* you have a condition that means you have a very high risk of getting infections (such as SCID or sickle cell)
* you're taking medicine that makes you much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
* you have a serious heart condition and are pregnant
* you have a problem with your spleen or your spleen has been removed (splenectomy)
* you're an adult with Down's syndrome
* you're an adult who is having dialysis or has severe (stage 5) long-term kidney disease