

COVID-19- Client Screening and Consent Questionnaire

Due to the 2019-2020 outbreak of COVID-19, Physiofit Leeds Ltd are taking extra precautions with the intake of each client, health history review as well as sanitation and disinfecting practices. Please complete the following prior to your face to face appointment and sign below.

Symptoms of COVID-19 include:

- High temperature
- Recent onset of a new continuous cough
- A loss of, or change in, normal sense of taste or smell (anosmia)
- Some people may also experience muscle aches, tiredness and shortness of breath.

I, _____ agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 14 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 14 days.
- I affirm that I will inform my physiotherapist via telephone call (0113 258 1020) or via email to info@physiofitleeds.co.uk if there are any changes to the above following my first face to face appointment and prior to attending any follow up face to face appointments.
- I consent to my contact details being given to a contact tracer if required under the test and trace system.
- The current COVID-19 infection control procedures have been explained to me and I agree to abide by them.
- I understand that it is not possible to eliminate all risk of contracting COVID-19 if I choose to attend a face to face appointment, but that Physiofit Leeds Ltd is taking every reasonable effort to minimise the risks.

If applicable-

- I understand that despite being classified as clinically vulnerable or clinically extremely vulnerable, I will be undertaking face to face physiotherapy treatment at my own risk despite being advised not to (see overleaf for further information on vulnerable groups).

Your physiotherapist and all employees of this facility agree that they abide by these same standards to affirm the same. We also affirm that we have improved and expanded our procedures and sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature _____ Date _____

COVID-19 **clinically vulnerable** groups include people who:

- Are age 70 or older
- Are pregnant
- Have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- Have heart disease (such as heart failure)
- Have diabetes
- Have chronic kidney disease
- Have liver disease (such as hepatitis)
- Have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- Have a condition that means they have a high risk of getting infections
- Are taking medicine that can affect the immune system (such as low doses of steroids)
- Are very obese (a BMI of 40 or above)

COVID-19 **clinically extremely vulnerable** groups include people who:

- Have had an organ transplant
- Are having chemotherapy or antibody treatment for cancer, including immunotherapy
- Are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- Are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- Have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- Have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- Have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- Have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- Are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- Have a serious heart condition and are pregnant