



Grounded Health

COVID 19 DISCLAIMER

I take full responsibility for any risk of infection of COVID-19 in presenting and undergoing treatment at this clinic.

I agree that this clinic cannot accept responsibility for transmission of COVID-19 should I develop any symptoms.

I confirm I have no symptoms and I've not been in contact with anyone displaying symptoms of COVID-19 in the last 14 days. I also confirm I will inform the clinic should I develop any symptoms of COVID-19.

Signed:

Printed name:

Date: