



# COVID- 19 Client Disclaimer

**In order to protect our staff and clients please read and sign below.**

1. I confirm that I have used the hand sanitizer provided on entering and when exiting the premises.
2. I am not exhibiting any symptoms related to COVID-19, i.e. fever, cough, sore throat, shortness of breath, chills, muscle pain, headache, new loss of taste or smell, fatigue, congestion or runny nose, nausea or vomiting, or diarrhea.
3. I have not had any person-to-person contact with someone who has exhibited COVID-19 symptoms or who has been diagnosed with COVID-19 in the last 14 days.
4. I have not visited an area where there has been a significant outbreak of COVID-19 activity in the last 14 days.
5. I confirm when using the toilet I will close the lid before flushing to contain any germs from spreading.
6. I confirm that I will be refused treatment and charged the full amount and asked to leave the premises if I have or show any signs or symptoms of COVID-19 before, during or after treatment.
7. I confirm that I have not been contacted by the Track and Trace Government scheme within the last 7 days.

Here at Colonic Wirral we are following Government guidelines to help keep our clients and staff safe during treatments at our clinic.

Print Name:.....

Client Signature:.....

Date:.....



If you have any questions please contact us.

Tel/Text: 0772 555 1843 or Email: [hello@colonicwirral.uk](mailto:hello@colonicwirral.uk)