

**THERAPIST COVID-19 DECLARATION – CLIENT COPY**

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| **FULL NAME** | Debbie Wright |
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| **MOBILE NUMBER** | 07708 374179 |
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| To my knowledge I do not have Covid-19  |
| I have not been tested for Covid-19 |
| I take my temperature daily |
| To my knowledge I have not been in contact with anyone with Covid-19 |
| I am registered with the NHS Track & Trace app |
| If either I, or a client, test positive for Covid-19 I will inform you immediately |
| **SIGNED**I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously believing the same to be true. If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.Full name: Debbie WrightDate: 10.07.2020 |