

63 Queensway

APPOINTMENT CONSENT FORM

1. I confirm that I, nor anyone in my household, are **NOT** showing any of the following signs:
 - breathing difficulty
 - temperature greater than 37.5°C
 - loss of smell or taste
 - new continuous cough
2. I can confirm that the podiatrist, Angela Vanderpump, has informed me she does not have any of the above signs.
3. I consent to treatment today, having been risk assessed by the podiatrist by telephone. I have asked to attend the clinic instead of arranging for an appointment at a later date.
4. I understand the risk-factors relating to Covid-19, and agree to wear PPE, Personal Protection Equipment, for the duration of my time in the premises of 63 Queensway, and to follow the instructions of the podiatrist.

Signed:..... Date:.....