

## Covid-19 Oxygen Consent

As part of our new Protocols, we require that you complete this consent form **BEFORE** you attend your appointment in the MS Therapy Centre.

Name \_\_\_\_\_

I confirm I have not had any of these symptoms in the last 14 days: fever, shortness of breath, loss of sense of taste or smell, dry cough, runny nose, or sore throat.  Yes  No

I confirm that to the best of my knowledge, I have not been in close contact with anyone with confirmed COVID-19 in the last 14 days.  Yes  No

I consent for my details to be shared with "Test and Protect" should this become necessary.  Yes  No

I confirm I am aware of the Centre's requirement for hand sanitisation when in the Centre.  Yes  No

I consent to wear a face covering or a mask and to have your temperature taken on entry to the Centre?  Yes  No

I have been told about cleaning of the Centre/Chamber before/after my attendance.  Yes  No

I understand that the presence of other volunteers/staff in the Centre means they have all confirmed that in the last 14 days they have not had any COVID-19 symptoms and that to the best of their knowledge, they have not been in close contact with anyone with confirmed COVID-19  Yes  No

I have had the opportunity to ask all the questions I wish to, and all of my questions have been answered to my satisfaction.  Yes  No

I declare that the information I have provided is true and correct and I agree to attend Oxygen Treatment during the COVID-19 pandemic.  Yes  No

Signature \_\_\_\_\_

Date \_\_\_\_\_