

The Claydon Clinic  
Physiotherapy & Sports Injury Rehabilitation Centre  
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Essex CM2 7TB  
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### Patient Consent (COVID 19)

The new coronavirus (COVID-19) is an infectious disease. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness. However there are people who have medical conditions which are at high and moderate risk who will develop more severe symptoms.

I understand the spread of COVID-19 is thought to occur mostly from person to person via respiratory droplets and among close contact. I understand that close contact can occur from being within 2 metres of someone with COVID-19 for more than 15 minutes or having direct contact with infection secretions from someone with COVID-19.

I understand that carriers of COVID-19 may not show symptoms but may still be highly contagious. COVID-19 is a novel virus where the body has no natural immunity and for which there is currently no vaccine available.

I therefore understand due to the nature of Physiotherapy that by participating in face to face consultations there is a risk. There may be a time, which is necessary for my treatment, that I will be less than 2m away from the Physiotherapist. Not only do I think about the risks that face to face consultations may produce but I have also thought about others, such as my Physiotherapist, my household and others I may come into contact with.

I have read the information available to me on the infection prevention and control measures that must be taken before, during and after my treatment. The document is entitled "COVID-19 policy" It can be found on <https://www.theclaydonclinic.com/covid-19-policy>.

I have declared that I currently do not have the following symptoms associated with the coronavirus;  
**A new continuous cough, a high temperature and/or a loss of, change in, my normal sense of taste or smell (anosmia)**

- I confirm that I do not display or currently have any of the symptoms that are representative of COVID-19 which are outlined above
- I understand that all travelers arriving from other countries as outlined by advice from the Government should stay at home for 14 days to self isolate
- I confirm that I have not travelled to any countries in the past 14 days
- I confirmed to the best of my knowledge that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days

I consent to receive Physiotherapy treatment from the Claydon Clinic during the COVID-19 outbreak.

Patient/ Guardian signature.....

Date ...../...../.....

Secretary and all correspondence to:  
The Claydon Clinic Old Southend Road Howe Green Essex CM2 7TB