



Consent for Treatment During COVID-19 Pandemic

I understand that I am proceeding with an optional treatment.

I understand that COVID-19, has been declared a worldwide pandemic by the World Health Organization and it is extremely contagious and is believed to spread by person-to-person contact; and, as a result, social distancing is recommended. This is not entirely possible with the proposed treatment.

I understand that Emily is closely monitoring the COVID-19 situation and has put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with treatment.

I hereby acknowledge and assume the risk of becoming infected with COVID-19 through the procedure, and I give my express permission to proceed.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.

I have been given the option to rebook my treatment to a later date. However, I understand all the potential risks, and I would like to proceed with my desired treatment.

I confirm that I am not showing signs of any of the following symptoms of COVID-19 -
Fever / Shortness of Breath / Loss of Sense of Taste or Smell / Dry Cough
Runny Nose / Sore Throat

I confirm that I have not travelled abroad in the past 14 days.

I confirm that if I develop COVID-19 symptoms following my treatment, or a known contact of mine develops symptoms, I will immediately inform Emily to enable appropriate measures to be put in place and contact tracing to commence.

Sign

Date