



CORONAVIRUS COVID-19 CUSTOMER DECLARATION

1. Have you visited any of the countries outside Ireland excluding Northern Ireland?
YES - NO Please circle
2. Are you suffering from any flu like symptoms/ symptoms of the coronavirus COVID-19?
YES - NO Please circle
3. Are you experiencing any breathing difficulties or shortness of breath?
YES - NO Please circle
4. Are you experiencing any fever like/ temperature symptoms?
YES - NO Please circle
5. Did you consult a doctor or any other medical practitioner?
YES - NO Please circle
6. How are you feeling health wise?
Well/unwell
7. Have you been in contact with someone who has visited an infected region in the past 14 days?
YES – NO

Client I _____ confirm that I have fully understood the treatment I am to receive . I confirm I have no underlying illness or diseases or Covid- 19 symptoms that would prevent me from receiving treatment. I absolve Patricia Jordon of Rainbowwisdom from any claim , cause of action or liability arising from any personal injury including emotional distress.

Type of treatment _____ Date _____
Therapist signature _____ Date _____