

COVID-19 Disclaimer

Following the COVID-19 pandemic, we've put extra measures in place for the safety of you and our staff members. We require all clients to fill in our COVID-19 form before booking so that we can provide the best possible and safe experience to our clients and staff members.

Please carefully read and answer the below questions. This information will be stored confidentially and securely for 21 days.

If you or a member of your household has developed a cough, fever, breathlessness, sore throat or headaches in the last 14 days, please contact us before your appointment so we can obtain further information from you and advise.

Please get in touch if you have any questions - we're looking forward to welcoming you back.

First name: Last name: Phone number: Address:

Questions

Personal information

1. Are you experiencing a cough?
2. Are you experiencing a shortness of breath?
3. Have you had a fever (above 37.7C degrees) in the last 14 days?
4. Have you noticed a loss or change in your sense of taste or smell?
5. Have you had any contact with anyone that has suspected COVID-19 in the last 14 days?
6.Have you travelled internationally within the past 14 days? Yes No
7. Have you come into contact with any suspected, probable or confirmed COVID-19 cases within the last 14 days? Yes No
Agreement
I have understood, read and completed this form truthfully to my knowledge.
I knowingly and willingly consent to having giana services during the COVID-19 pandemic.
I consent for the services to be carried out which involves a staff member of the

giana team being in physical contact with me with less than 2 metres distance.

anyone that has had symptoms of COVID-19 in the last 14 days.

I confirm to my knowledge that I, my household or social bubble have not been in contact with

Please answer all of the below questions and choose one answer. Yes No

To prevent the spread of the virus and protect each other, I confirm that I will strictly follow government and giana guidelines.

If guidelines are not strictly followed, I understand that giana has the right to cancel the appointment with the full cost of the service being charged and any other paid costs being non-refundable.

I confirm that I release the therapist (s) performing the service and as a business from any and all liability for the unintentional exposure or harm due to COVID-19.

I agree to let you know if any of the details I have given change, particularly with regards to developing any symptoms of, or exposure to COVID-19.

Your co-operation helps to keep our whole community safe.

Signature:

Date:

Data Protection & Privacy

We are committed to protecting your privacy. We take special precautions with your sensitive personal data and we will process your data lawfully and as described. We only process the data we need for as long as we need to and we respect all of your rights under GDPR. We will never sell, share or otherwise abuse your data. You can contact us at anytime to request your data, change your preferences or request that your data be deleted.