

**COVID-19 Consent Form** Date:

CUSTOMER NAME:

CUSTOMER EMAIL ADDRESS:

CONTACT TEL NUMBER:

I knowingly and willingly consent to visiting and working at ETS Limited during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show any symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

I understand that due to the frequency of visits of other clients, the characteristics of the virus, that I have an elevated risk of contracting the virus simply by being on the premises.

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

* Temperature above 37.8C or higher
* Shortness of breath
* Loss of sense of taste or smell
* A new dry persistent cough
* Sore throat

I confirm that I have not been around anyone with these symptoms in the past 14 days.

I do not live with anyone who is sick or quarantined.

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow ETS Limited guidelines.

I verify that I have not travelled outside the United Kingdom in the past 14 days to countries that have been affected by COVID-19.

I agree to all the above mentioned and wish to proceed visiting ETS Limited and will not hold the company in any way responsible if I was to get or show any symptoms of the virus.

CUSTOMER NAME (PRINT):

CUSTOMER SIGNATURE: DATE: