

CLIENT COVID-19 INFORMATION & CONSENT

INFORMED CONSENT

I understand that COVID-19 is highly contagious and still present in the community where I am seeking massage therapy. I understand that COVID-19 is passed through close contact with others and that people without symptoms may be infectious. I understand that this massage business has taken every precaution to ensure my health and safety but that risk of infection is still possible.

_____ (Signature and date)

HIGH RISK AWARENESS

I understand that the health conditions listed below place me at higher risk for serious COVID-19 infection. If I have one of these conditions I should forgo massage therapy while COVID-19 is still present in my community, or obtain my physician's consent. Should I decide to proceed with massage therapy I assume all risk related to COVID-19 infection.

_____ (Signature and date)

DEPARTMENT OF HEALTH AND EXPOSURE TO COVID-19

I understand that in the event that a client, therapist, or staff member of this facility tests positive for COVID-19 within a time period that places me at risk of exposure, my name and contact information will be shared with the State Department of Health for their follow-up. In the event that I develop symptoms of illness within two weeks of my massage appointment, I will contact this massage facility immediately.

_____ (Signature and date)

HEALTH CONDITIONS THAT INCREASE RISK OF SERIOUS COVID-19 INFECTION

- People 65 years or older
- Chronic lung diseases
- Moderate to severe asthma
- Cardiovascular conditions
- Compromised immunity
- Suppressed immunity (e.g., medication)
- Severe obesity (BMI 40 or higher)
- Diabetes
- Chronic kidney diseases
- Liver diseases