



COVID-19 SURVEY / CONSENT TO TREATMENT

Due to the pandemic outbreak of COVID-19, I am taking extra precautions with the intake of each client as well as extra sanitization and disinfecting practices.

Symptoms of COVID-19 include:

Fever, Fatigue, Dry Cough, Difficulty Breathing, Chills, Nausea, Vomiting, Diarrhea, Confusion, New Widespread Pain, Headaches, Red or Purple Toes, Loss of smell or taste.

I, _____ (print name) agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced any of the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 14 days.
- I affirm that I, as well as all household members, have not traveled outside of the country, province or to any city outside of our own that is or has been considered a “hot spot” for COVID-19 infections within the last 14 days.
- I understand that massage therapy is a close contact service and that if I am over 60 years of age or I have an autoimmune disorder or I am considerable a vulnerable group that it is **highly recommended that I do not receive massage therapy** at this time and that if I choose to do so it is with full understanding of the risks involved.
- In the current environment of Covid-19 risk, informed consent requires that the client be informed and understands that any massage therapy treatment involves some risk of Covid-19 transmission. The therapist is following protocol to help reduce or mitigate risk where possible, but that risk cannot be reduced to zero.

- I have read the [Covid19 Preparedness Plan](#) and I agree to comply to all clients policies and procedures.

By signing below I agree to each above statement and release the massage therapist and business from any and all liability for the unintentional exposure or harm due to COVID-19.

- Your massage therapist and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitization protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.
- The client consents to the treatment despite some risk, and the RMT will document the client's consent in advance and at every treatment.

Client Signature : _____ Date: _____

Therapist Signature: _____ Date: _____

Please email a completed copy of this form to touch_of_balance@hotmail.com within 24 hours of your appointment.

A copy of this agreement can be requested by yourself to keep for your own records. I will keep the original copy in your confidential client file.