

COVID-19 Health Information and Informed Consent Form

Name: _____

This document contains important info about your decision to receive massage services in light of the Covid-19 public health crisis.

Covid-19 Questionnaire:

Have you had a fever in the last 24 hours of 100 degrees Fahrenheit or higher?
Yes No

Do you have any respiratory or flu like symptoms? Yes No

Have you been in contact with anyone in the last 14 days who has been diagnosed with Covid-19 or has Covid-19 like symptoms?
Yes No

Have you traveled anywhere outside of the state by plane, bus or ship in the last 2 weeks?
Yes No

Are you experiencing any new loss of taste or smell? Yes No

Are you experiencing any new or unusual muscle aches or pains since the emergence of the virus? Yes No

Do you have any new spots, bumps or lesions on your skin? Yes No

Please read and sign the following:

I understand that close contact with people increases the risk of infections from Covid-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive a massage from Massage Experts.

I also understand that my name and contact info might be shared with the state health department in the event that a client or practitioner at this facility tests positive for Covid-19. Your contact details will only be shared in the event they are relevant based on suspected exposure date and for appropriate follow up by the health department.

Signature: _____

Date: _____