

COVID Health Disclosure and Acknowledgement of Risk Form

This form is for our mutual protection given the circumstances of the COVID virus. It is important that you disclose any indication of having been exposed to COVID, or whether you have experienced any signs or symptoms associated with the COVID virus. Some symptoms can mimic other conditions like allergies and other illnesses. Regardless, if you are experiencing these symptoms, report them prior to receiving massage.

HEALTH DISCLOSURE

In the last 14 days, have you experienced any of the following:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath or trouble breathing?
<input type="checkbox"/>	<input type="checkbox"/>	Dry or productive cough?
<input type="checkbox"/>	<input type="checkbox"/>	Out of breath or coughing during the activity?
<input type="checkbox"/>	<input type="checkbox"/>	Fever or above normal temperature (100.4)? Chills?
<input type="checkbox"/>	<input type="checkbox"/>	Runny nose?
<input type="checkbox"/>	<input type="checkbox"/>	Muscle or joint aches and pain?
<input type="checkbox"/>	<input type="checkbox"/>	Odd sensations in extremities, hands or feet?
<input type="checkbox"/>	<input type="checkbox"/>	Purple, blue or white fingertips or toes?
<input type="checkbox"/>	<input type="checkbox"/>	Headache?
<input type="checkbox"/>	<input type="checkbox"/>	Loss or reduction in your sense of smell or taste?
<input type="checkbox"/>	<input type="checkbox"/>	Sore throat?
<input type="checkbox"/>	<input type="checkbox"/>	Nausea or vomiting? Experiencing diarrhea?
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness?
<input type="checkbox"/>	<input type="checkbox"/>	Tired easily?
<input type="checkbox"/>	<input type="checkbox"/>	Chest or Muscle Pain?
<input type="checkbox"/>	<input type="checkbox"/>	Have you done any travel by air, bus or train (within the last 14 days)?

In general:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you been limiting exposure?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had COVID? If yes, how long has it been since testing negative? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you fully vaccinated (one or two vaccinations depending on the brand) for COVID?
<input type="checkbox"/>	<input type="checkbox"/>	Are you boosted for COVID?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had a positive antigen or COVID test? If yes, how long ago? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you recently been in contact with someone who has tested positive for COVID?

INFORMED CONSENT INFORMATION AND ACKNOWLEDGEMENT OF RISK

Policy and Practice Information

The COVID virus is a serious and highly contagious disease. I want to make certain you are aware of the risks of COVID associated with receiving massage. My goal is to provide as safe an environment as possible for each of us and to advance the safety of our respected families and community.

Rigorous sanitation and risk management procedures are in place to lower our shared risk of exposure. At any time, I may close my practice based on my health status, or at the direction from the Department of Health or per Governor's Directives. If closures occur due to such circumstances, I will cancel appointment(s) with no charges imposed. Rescheduling will occur when it is again possible to reopen and remain safe and compliant with risk management policies.

Intra-oral massage is limited to only those with verification of being fully vaccinated and boosted.

You agree to update your massage therapist of your health status before each appointment.

I will open my office door no sooner than ten (10) minutes prior to the appointment for your arrival.

I have a high-grade HEPA filter air cleaner that runs throughout the day. When possible I open the window to help with air circulation between sessions.

Wearing a facemask is highly recommended though not required (as of April 3, 2023). I have disposable masks available if you by chance forget yours and want one to wear.

Hand sanitizer (three locations in the office) is available for use at any time.

I wear a N95 facemask and head cover for the session. During intraoral sessions I will also wear safety glasses.

I have additional time after every session to accommodate safety protocols ensuring proper sanitization, this limits the number of sessions on any given day.

Therapist Acknowledgment

I, Dawn Schmidt, LMT, affirm that in the event, that I have any symptoms for COVID, have been exposed to COVID, or test positive to COVID, I commit to informing you and I will cancel appointments to minimize risk for everyone. I commit to sanitation and risk management practices.

Client Acknowledgment

By signing this document, I confirm that (please check each to which you agree):

- ☐ I have, to the best of my ability, answered the COVID questions truthfully.
- ☐ I understand that by not answering the COVID questions honestly, I put at risk the health of my therapist and others who may be high-risk individuals.
- ☐ I have read about the practice information and agree to abide by all expectations.
- ☐ I accept that there is an increased risk of contracting the COVID by choosing to receive massage.
- ☐ I understand and accept the additional risk of contracting COVID from contact interactions at this office and in this building.
- ☐ I acknowledge that unrelated to this and other visits (to the building, office or from massage) I could contract the COVID virus from elsewhere.

Your name: _____ Date _____

Signature _____

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