

COVID-19 Pandemic

Health Disclosure and Acknowledgement of Risk Form

This form has been created for our mutual protection given the circumstances of the COVID-19 virus. It is important that you disclose any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus. Some symptoms of COVID-19 can mimic other conditions like allergies and other illnesses. Regardless, if you are experiencing these symptoms, you must report them prior to entering the office. Later in this document you will receive information relative to our shared risk. This is to be signed prior to 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"/> | Do you have a dry or productive cough? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a fever or above normal temperature (100.4)? Chills? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a runny nose? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have muscle or joint aches and pain? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you noticed purple, blue or white fingertips or toes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you currently have a headache? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you recently lost or had a reduction in your sense of smell or taste? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a sore throat? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you nauseated or vomiting? Experiencing diarrhea? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been in contact with someone who has tested positive for COVID-19 or had a positive antigen test? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you tested positive for COVID-19 or had a positive antigen test? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been tested for COVID-19 and are awaiting results? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you done any travel by air, bus or train within the last 14 days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been self-quarantined? |

In the last 14 days, during activities, exercising or chores, have you experienced any of the following:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Out of breath or coughing during the activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Odd sensations in extremities, hands or feet? |
| <input type="checkbox"/> | <input type="checkbox"/> | Nausea? |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizziness? |

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Tired easily?
<input type="checkbox"/>	<input type="checkbox"/>	Headache?
<input type="checkbox"/>	<input type="checkbox"/>	Chest or Muscle Pain?

INFORMED CONSENT AND ACKNOWLEDGEMENT OF RISK

Policy and Practice Changes

COVID-19 presents some challenges relative to massage/manual therapy. Several changes and new procedures are now in place to lower our shared risk of exposure.

The Washington State Covid-19 Data Dashboard will be checked every day to ensure no new large outbreaks of COVID-19 have occurred in King County and that a certain percentage of hospital beds remain available (surge capacity). If the surge capacity goes below 20% King County, I will reclose my practice to follow the Governor's Guidelines in Proclamation 20-24.1. If I cancel appointment(s) no charges will be imposed. Rescheduling will occur when it is again possible to reopen my practice and remain compliant with the Governors proclamation. Clients that are high risk or with underlying conditions that cause a suppressed immune system may not receive treatment until further notice.

Everyone entering my office is required to provide COVID related exposure risk and sign/symptom information. Temperature (using touch free thermometer) and blood oxygen levels (using pulse oxymiter) will be assessed and findings will be tracked each visit.

Please bring this and any other forms requiring signature with you for the visit. Do not email because the security of your personal information cannot be assured in electronic form.

Please remain either outside the building or in your vehicle until about five minutes prior to the appointment time. You may request to be texted as soon as I am ready for you to come in.

Entryways, hallways and restrooms are not cleaned or sanitized by your massage therapist, but is the responsibility of the building ownership. I have no control over how these areas are maintained. The building HVAC system is not under my control however the building owner has committed to regularly changing filters using high-grade filters to limit movement of micro particulates. If you have any concerns regarding the general building facilities, please let me know.

I have added a high grade HEPA filter air cleaner that will be running throughout the day. When possible I will open the one window to help with air circulation.

A facemask must be worn within the building and throughout your time in my office (including during and after massage). Please bring your own facemask from home. I have a very limited number of disposable masks available if you by chance forget yours. If you have difficulty breathing due to the mask, your position will be modified to see if we can alleviate the issue (such as if being face down is an issue). If a position change does not work, we will end the session early and fees will either be prorated or waived.

Please either wash your hands or at minimum sanitize your hands upon arrival (hand sanitizer is provided).

Clothing will need to be either hung on rungs/hangers or placed on a chair away from the table. When possible, please shower before arriving. Please make every effort to come directly from home to the office to reduce the possibility of transferring particulates gathered from multiple exposures.

I have obtained a new Square reader that allows you to insert your card and pay without signing.

I will be wearing a facemask, goggles, head cover and an over shirt the entire time you are present. These will be changed and secured in separate closed containers until they are laundered/sanitized or disposed of.

Surfaces and items handled during each session will be cleaned and sanitized between every session.

All used linens will be sealed in a plastic bag in a closed container until they are laundered/sanitized.

Intra-oral and face massage is suspended until further notice.

While face up or side-lying, eye protection is required. I will provide sanitized eyewear for this purpose unless you prefer to bring your own.

Talking during upper bodywork (shoulders, arms and neck) while supine should be restricted to minimal treatment feedback.

With the additional safety protocols for handling linens, cleaning and changing protective clothing, I am allotting additional time after every session without anyone being present in my office to ensure proper sanitization. For this reason, I am scheduling fewer sessions in a day and focusing and limiting talk time before and after massage allowing for adequate sanitizing and transition time. Please understand this it is no reflection on my desire to visit with you as we have done it the past.

You are required to update your massage therapist on the status of your health before every appointment. You will need to answer COVID-19 symptom questions before every session until further notice.

General Information on Covid-19

The final portion of this document provides information I ask you to understand and acknowledge regarding the COVID-19 virus. The COVID-19 virus is a serious and highly contagious disease. I want to make certain you are aware of the risks of contracting COVID-19 associated with receiving massage.

COVID-19 is different from the flu and other common illnesses. This virus has a long incubation period and one may be asymptomatic and be contagious. You or I may have the virus, not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated. Challenges include the limited availability for virus testing, that infected individuals could be asymptomatic, or symptoms can be similar to other conditions people may experience.

Because others are moving through the building that I am not screening for COVID-19, and the buildings HVAC system is shared throughout the building there is some elevated risk for each of us contracting the virus simply by being in the building. Before, between and after sessions, I will be maintaining strict adherence to protocols for Personal Protection Equipment, cleaning and sanitation from the CDC, OSHA and the WA Department of Health. Even with all additional precautions, there is still risk.

If someone in my practice has been exposed or tests positive for COVID-19, I will notify you so that you can take appropriate precautions. If you have been exposed or tested positive for COVID-19, please inform me immediately. I am required to notify local health departments of any exposures. If I must make such a report, I will only provide the minimum necessary information for such reports.

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. These new protocols and procedures may seem “over the top” they are not. I assure you that I will do my best to ensure the same quality of experience and work you have come to expect. It’s about keeping us both as safe as possible absent we both stay home.

If you have questions about anything in this document, please contact me so I may provide clarification or discuss issues specific to your situation.

Therapist Acknowledgment

I, Dawn Schmidt, LMT, affirm that I have not had COVID-19 symptoms and I have not knowingly been exposed to COVID-19. In the event, that I have any symptoms for COVID-19, have been exposed to COVID-19, or test positive to COVID-19, I commit to informing you and I will cancel appointments to minimize risk for everyone. If I travel by air, bus, or train I agree to isolate for minimum of 14 days again cancelling appointments to minimize risk for everyone.

Client Acknowledgment

By signing this document, I confirm that:

- I have answered the COVID-19 questions truthfully or to the best of my ability.
- I understand that by not answering the COVID-19 questions accurately, I put my therapist’s health and the health of others at risk.
- I have read the changes to the practice protocols and agree to abide by them
- I have read the information about COVID-19.
- I accept that there is an increased risk of contracting the COVID-19 by choosing to receive massage.
- I understand and accept the additional risk of contracting COVID-19 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-19 virus from elsewhere.

Your name: _____ Date _____

Signature _____

FOR OFFICE USE ONLY – Signs of health assessments at time of arrival

Temp. _____ Within range Yes No Pulse Ox reading _____ Within range Yes No