

# COVID-19 Pandemic

## Health Disclosure and Acknowledgement of Risk Form

This form is 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 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"/> | Are you fully vaccinated (2 weeks after final vaccine) for COVID-19?                                       |
| <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 been diagnosed with COVID-19?   |
| <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 limiting exposure and self-isolating?  |

# **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). I will reclose my practice following 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. Intra-oral massage is suspended until risk can be adequately mitigated.

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 to maintain the security of your personal information.

You are required to update your massage therapist on the status of your health before every appointment. I will check in about COVID-19 symptoms before every session until further notice.

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

Entryways, hallways and restrooms are not cleaned or sanitized by your massage therapist. That 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 (including COVID-19 virus). 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 window to help with air circulation. Between sessions I will open the window to clear the air.

A facemask must be worn within the building and throughout your time in my office (including during and after massage). I have a 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. If a position change does not work, we will end the session early and fees will either be prorated or waived.

While face up or side-lying, eye protection is recommended. Please ask should you wish to use the sanitized eyewear I have available for this purpose.

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. Please make every effort to come directly from home to the office to reduce the possibility of transferring particulates gathered from multiple exposures.

I will be wearing a facemask, eye cover, head cover and an over shirt for the session. These are changed and secured in separate closed containers until they are laundered/sanitized or disposed of.

With 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 allowing for adequate sanitizing and transition time.

### **General Information on Covid-19**

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.

Because others are moving through the building that are not screened 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 am maintaining strict adherence to protocols for Personal Protection Equipment, cleaning and sanitation. Even with these precautions, there is still risk.

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. You will be notified if a potential exposure has occurred at my office, so that you may take appropriate precautions.

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 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 about the practice protocols and agree to abide by them
- 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** \_\_\_\_\_

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