

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"/>	Are you boosted for COVID-19?
<input type="checkbox"/>	<input type="checkbox"/>	Have you recently been in contact with someone who has tested positive for COVID?
<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 recently been tested for COVID-19 and are awaiting results?
<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"/>	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 when appropriate?

INFORMED CONSENT AND ACKNOWLEDGEMENT OF RISK

Policy and Practice Changes

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. 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.

Several changes and new procedures are now in place to lower our shared risk of exposure. At any time, I may reclose my practice based on direction from the Department of Health Guidance and the Governor's Directives. If I cancel appointment(s) no charges will be imposed. Rescheduling will occur when it is again possible to reopen and remain compliant.

Until further notice, Intra-oral massage is limited to only those with verification of being fully vaccinated and boosted. Eye protection will be provided.

You agree to update your massage therapist on the status of your health before each appointment. Prior to the start of each session health status will be evaluated to ensure minimal risk.

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

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 allow adequate time to clear the air.

A facemask must be worn 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.

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

I will be wearing a facemask and head cover for the session. During intraoral sessions I will also wear over shirt and over shirt for the session.

I am allotting additional time after every session to accommodate additional safety protocols to ensure proper sanitization, this is resulting in fewer sessions per day. .

Therapist Acknowledgment

I, Dawn Schmidt, LMT, affirm that 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.

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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