



## **SALT THERAPY**

### **COVID-19 Health Screening and Consent Waiver**

Do you, your child, others accompanying you to today's appointment or anyone you have recently come in contact with have any of the following symptoms?

- Fever (defined as above 99.6 degrees) **Yes or No?**
- Cough **Yes or No?**
- Shortness of breath and/or trouble breathing? **Yes or No?**
- Persistent pain, pressure, or tightness in the chest? **Yes or No?**
- Have you, your child, others accompanying you to today's appointment or anyone you have recently come in contact with tested positive for or been diagnosed with Covid-19 or any other communicable disease? **Yes or No?**

Thank you for your continued trust in our facility. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "Coronavirus", at any time or in any place. Be assured that we have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our facility, and continue to do so.

Although exposure is unlikely, do you accept the risk and consent to Salt Treatment?

**Circle one:**

**Yes No**

**My signature below is my acknowledgement & consideration that I have truthfully answered all questions and I will safely proceed with my visit**

Client Name : \_\_\_\_\_ Date : \_\_\_\_\_

Client Signature : \_\_\_\_\_