



INTEGRATIVE BODYWORKS LLC

Health Information-COVID-19 Information & Liability Waiver

Client Name: _____

Date: _____

COVID-19 Information

1. Have you had a fever in the last 24 hours of 100 degrees or above? **YES NO**
2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? **YES NO**
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? **YES NO**

Common Symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Consent for Treatment

I understand that, because bodywork involves maintained touch and close proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive from this practitioner.

Client Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____
(in case of minor)

