

COVID-19 Pandemic Massage Therapy Consent Form

I, _____, knowingly and willingly consent to have a massage therapy session completed during the COVID-19 pandemic. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. My massage therapist cannot determine who has it and who does not. I understand that it would be in my best interest to delay all non-emergency treatments, such as massage, until the pandemic is over. However, I have decided to exercise my free-will and get massage regardless of any risks to my health. I understand the risks and fully accept them.

I also understand that by signing this form, I give my massage therapist permission to give any government entity or any official contract tracer the information that they may request about me with regards to containing the COVID-19 pandemic.

I agree to have my temperature taken and recorded each time I present myself for massage during this pandemic.

Covid-19 Symptoms May Include • Fever • Dry Cough • Shortness of breath or difficulty breathing • New loss of taste or smell • Chills • Repeated shaking with chills • Fatigue
(Other symptoms may also include muscle pain, sore throat, headache)

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.

I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.

I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a “hot spot” for COVID-19 infections within the last 30 days.

I am aware of the Governor's general reopening protocols in regards to sanitation and hygiene in the workplace and understand that my massage therapist has every intention of complying during each phase of the pandemic. I understand that my massage therapist will be wearing personal protective equipment during my massage. I also understand that I will be required to wear a mask or cloth face covering that completely covers the nose and mouth during the entire session, and if I decide at any time during the massage not to comply, I understand that my massage therapist will end the session immediately.

By signing below I understand and agree to each statement indicated above and release my massage therapist from any and all liability for the unintentional exposure or harm due to COVID-19.

Signed: _____ Date: _____