

Client COVID-19 Information & Consent

Full Name _____ Date of Visit _____

PRE-SCREENING QUESTIONS (CIRCLE ONE)

- **YES/ NO** Have you experienced any cold or flu-like symptoms in the last 14 days or has a health professional asked you to self-isolate in the last 14 days?
- **YES/ NO** Have you been in close contact with someone experiencing cold or flu-like symptoms or have you cared for someone testing positive for COVID-19 in the last 14 days?
- **YES/ NO** Have you been tested for COVID-19 in the last 14 days and if yes, what was the result.

_____ I have read the Policy and Procedure and agree to follow (Initials)

INFORMED CONSENT

I understand that COVID-19 is highly contagious and still present in the community where I am seeking massage therapy. I understand that COVID-19 is passed through close contact with others and that people without symptoms may be infectious. I understand that this massage business has take every precaution to ensure my health and safety but that risk of infection is still possible.

_____ (Signature and Date)

HIGH RISK AWARENESS

I understand that health conditions listed below place me at higher risk for serious COVID-19 infection. If I have one of these conditions or something similar, I should forgo massage therapy while COVID-19 is still present in my community, or obtain my physician's consent. Should I decide to proceed with massage therapy I assume all risks related to COVID-19 infection.

_____ (Signature and Date)

DEPARTMENT OF HEALTH AND EXPOSURE TO COVID-19

I understand that in the event that client, therapist, or staff member of Shama Thai Massage test positive for COVE-19 within a time period that place me at risk of exposure, my name and contact information will be shared with the State or country Department of Health for the follow-up. In the event that I develop symptoms of illness within two weeks of my massage appointment, I will contact Shama Thai Massage immediately to inform them.

_____ (Signature and Date)

HEALTH CONDITIONS THAT INCREASE RISK OF SERIOUS COVID-19 INFECTION

***Please note, this list is not all inclusive and other factors may also increase risk.**

- People 65 years or older.
- Moderate to severe asthma
- Suppressed immunity (e.g medication)
- Severe Obesity (BMI 40 or higher)
- Chronic kidney diseases
- Chronic lung diseases
- Compromised immunity
- Cardiovascular conditions
- Diabetes
- Liver diseases