

# **Journey Therapeutic Massage**

## **Massage treatment consent form during Covid-19**

Due to the outbreak of Covid-19, we are taking extra precautions with a more detailed intake of each client, as well as expanded sanitation and disinfection practices. Please complete the following and sign below.

I confirm that I, \_\_\_\_\_ as well as all my household members, do not currently have, nor have experienced the symptoms listed below within the last 14 days:

- **Fever**
- **Fatigue**
- **Dry cough**
- **Difficulty breathing**
- **Sore throat**

I understand the Covid-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I affirm that I, as well as all my 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 my household members, have not traveled outside the country nor to any city that is or has been considered a “hot spot” for Covid-19 infections within the last 30 days.

By signing below I release my massage therapist and Journey Therapeutic Massage from any liability should I contract Covid-19.

Journey Therapeutic Massage therapists and all other employees of this facility agree that they will abide by these standards and affirm the same. We also affirm that we have expanded our sanitation protocols to more thoroughly fight the spread of Covid-19 and any other communicable conditions.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

