



Supplemental Consent form – COVID-19

- Due to the infectious nature of COVID-19, this additional intake form must be completed before each massage therapy session. Please know that people with COVID-19 can be asymptomatic and still be contagious.
- There is no way to completely protect ourselves from this virus.
- Ask for the checklist of precautions to see how I am disinfecting my clinic between sessions.
- Please answer these questions truthfully and do everything asked so we can do our best to protect each other. Thank you!

1. Testing status.

Have you been tested for COVID? Y/N The antibody? Y/N
 When? _____ What were the results? _____

2. Symptoms – are you experiencing:

- Fever >38C?	<input type="checkbox"/> Y/N	- Fatigue?	<input type="checkbox"/> Y/N
- Cough?	<input type="checkbox"/> Y/N	- Chills?	<input type="checkbox"/> Y/N
- Sore throat?	<input type="checkbox"/> Y/N	- Nasal or sinus congestion?	<input type="checkbox"/> Y/N
- Shortness of breath?	<input type="checkbox"/> Y/N	- Sudden onset unexplained	
- Sudden loss of taste and smell?	<input type="checkbox"/> Y/N	body aches?	<input type="checkbox"/> Y/N

3. Exposure: Are you aware of having been exposed to someone with COVID-19 or anyone who has been exposed to someone with COVID-19? Y/N

4. Travel.

- Have you done any air travel, domestic or international, recently? Y/N
 - Have you traveled to any places with a high infection rate, where people have not been isolating (no stay at home order), or been in any groups of people where social distancing was not observed? Y/N

5. Precautions.

What precautions have you taken to limit your exposure to the virus? _____

6. High risk contact.

- Do you spend time around anyone considered high risk, such as elderly with co-morbidities or immunocompromised family members? Y/N

7. Requested Actions

- Are you willing to wash or sanitize your hands upon entering my office and post-massage? Y/N
 - Are you willing to wear a face mask at all times in my office and during the treatment? Y/N

Printed name of client: _____

Client signature: _____ Date: _____

Massage therapist signature: _____ Date: _____