

# COVID-19 Health Information & Informed Consent

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of birth \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

## **This document contains important information about your decision to receive massage & spa services in light of the COVID-19 pandemic.**

For everyone's health and safety, this form will be completed prior to every session at this office (until further notice). **Please read and fill out this form carefully and let your massage therapist know if you have any questions.**

### **Please answer the COVID-19 health-related questions below:**

Have you or any members of your household had a fever in the last 48 hours of 100°F or above?

Yes  No

Do you or any members of your household currently have, or have recently had, any respiratory or flu-like symptoms (including fever, chills, sore throat, cough, muscle aches, and/or shortness of breath)?

Yes  No

Have you or any members of your household had a new loss of sense of taste or smell?

Yes  No

Have you or any members of your household been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type or flu-like symptoms?

Yes  No

Have you or any members of your household traveled anywhere outside of the state in the last two weeks?

Yes  No

If YES, please list location:

\_\_\_\_\_

Therapist Use Only:

Client's temperature upon arrival: \_\_\_\_\_

**PLEASE NOTE:** If you answered **YES** to any of the above questions, you will be asked to reschedule your appointment for another day. No cancellation fee will be applied, and your therapist sincerely thanks you for your understanding.

### **The following questions are specific to a new aspect of COVID-19 involving blood coagulation:**

Can you exercise to get your heart rate and respiratory rate up without any problem?

Yes  No

Have you had a new onset of muscle aches and pain since the emergence of the virus?

Yes  No

Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin?

Yes  No

Therapist Use Only:

Notes on any YES answers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** If you answered **YES** to any of the above questions, you may be asked to reschedule your appointment for another day. No cancellation fee will be applied, and your therapist sincerely thanks you for your understanding.

# Consent for Treatment

---

To proceed with receiving care, I confirm and understand the following (**initial in all places provided**):

\_\_\_\_\_ I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand that COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

\_\_\_\_\_ I understand that I am the decision maker for my health care. To the best of her ability, my massage therapist will provide me with information to assist me in making informed choices. This process is often referred to as “informed consent” and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult.

\_\_\_\_\_ I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period of time in a close space, there may be an elevated risk of disease transmission, including COVID-19. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to Carrie Bezusko, L.M.T. to proceed with providing care.

\_\_\_\_\_ I have answered all questions on my intake form and on this consent form to the best of my ability and knowledge and have in no way knowingly withheld any information that could affect my therapist’s ability to assess the safety of my receiving treatment today.

\_\_\_\_\_ I understand that I must keep a face covering ON during the face-up portion of my massage today and that if I did not bring my own face covering, one will be provided for me. If I have a medical need that precludes me from wearing a mask, I have provided my therapist with a copy of my doctor’s directive indicating such exemption; and I also understand that if I do not wear a face covering during my massage, I will be limited to a 30-minute session in the face-down position only.

\_\_\_\_\_ I have been offered a copy of this consent form.

\_\_\_\_\_ I KNOWINGLY AND WILLINGLY CONSENT TO RECEIVE TREATMENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE DURING THE COVID-19 PANDEMIC, AND I VOLUNTARILY AGREE TO ASSUME THOSE RISKS. I CONFIRM THAT ALL OF MY QUESTIONS WERE ANSWERED BY MY THERAPIST TO MY SATISFACTION. I HAVE READ, OR HAVE HAD READ TO ME, THIS CONSENT FORM IN ITS ENTIRETY. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO RECEIVE CARE AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM CARRIE BEZUSKO, L.M.T. FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FROM THIS OFFICE.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (*if under 18*) \_\_\_\_\_ Date \_\_\_\_\_

Therapist’s Signature \_\_\_\_\_ Date \_\_\_\_\_