

Supplementary 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. 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
When? _____ Results? _____

2. Symptoms - are you experiencing:

- | | | | |
|----------------------------------|-----|------------------------------|-----|
| - Fever? | Y/N | - Fatigue? | Y/N |
| - Cough? | Y/N | - Chills? | Y/N |
| - Sore throat? | Y/N | - Nasal or sinus congestion? | Y/N |
| - Shortness of breath? | Y/N | - Sudden onset of body | |
| - Sudden loss of taste or smell? | Y/N | aches? | Y/N |
| - Nausea? | Y/N | - Diarrhea? | 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, in the last 14 days? Y/N
Have you travelled outside the province recently? Y/N
Have you travelled to any “hot spots” or places where there is high infection rate? Y/N

5. High risk contact

Do you spend time around anyone that is considered high risk (elderly or immunocompromised family members) Y/N

6 Requested Action

Are you willing to wash or sanitize your hands upon entering and exiting the clinic? Y/N
Are you willing to wear a face mask at all times in the clinic and during the treatment? Y/N

Printed name of client: _____

Client signature: _____ Date: _____

Massage therapist signature: _____ Date: _____

I certify that the above information has not changed since the original signing date.

Client signature: _____	RMT initials: _____	Date: _____
Client signature: _____	RMT initials: _____	Date: _____
Client signature: _____	RMT initials: _____	Date: _____