

Kacey Granerm, LMBT

COVID-19 Informed Consent + Health Safety Form

Due to the COVID-19 Pandemic, I have implemented additional safety precautions. Please answer the following questions honestly.

➤ In the last 14 days, have you had any symptoms of COVID-19, including but not limited to: fever, chills, shortness of breath, difficulty breathing, coughing, pain/pressure in the chest, headache/digestive upset, abnormal muscle pain/body ache, or new loss of taste or smell?

___Yes ___No If "yes" please explain:_____

➤ In the last 14 days, have you been the caregiver for or lived with someone exhibiting any of the symptoms listed above?

___Yes ___No If "yes" please explain:_____

➤ Have you or anyone in your household tested positive for COVID-19 in the last 14 days?

___Yes ___No If "yes" please explain:_____

Please read the following statements and initial to verify that you agree to the following terms and conditions.

_____ "I understand that close contact with others increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage therapy from this practitioner."

_____ "I understand that dishonestly regarding any of the questions above may put my practitioner and other practitioners and clients of this facility at risk of infection."

_____ "I understand that my practitioner reserves the right to cancel or cut my session short at any time if they feel it necessary to protect the health and safety of others."

_____ "In the case that I develop COVID-19 infection, in no way will I hold my practitioner, or any other practitioners within this facility liable."

_____ "In the case that I develop symptoms of and/or am diagnosed with COVID-19 within 14 days of my last visit to this facility, I agree to contact my practitioner to inform them of said results."

Full Name (print): _____

Signature: _____ **Date:** _____