

Supplementary Consent

- Due to the infectious nature of COVID-19, this additional intake form must be completed before each massage therapy session.
- I understand if I do not meet screening requirements I will be asked to leave immediately, and I will be required to call the appropriate medical consultant and that I can reschedule for a later date.
- I understand what COVID-19 is.
- I understand that people with COVID-19 can be asymptomatic and still be contagious.
- I acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment.
- I acknowledge I have been given the option to defer my treatment to a later date.
- I acknowledge and understand the potential risk, including but not limited to the potential short-term and long-term complications related to COVID-19.

Please answer the following questions truthfully in order for us to protect each other. Thank you!

1. Testing status: Have you been tested for COVID? Y/N

When? _____ What were the results? _____

2. Symptoms: – Are you experiencing any of the following, without a known cause:

- Fever >38C? Y/N
- Cough? Y/N
- Sore throat? Y/N
- Shortness of breath? Y/N
- Difficulty swallowing? Y/N
- Sudden loss of taste and smell? Y/N
- Fatigue? Y/N
- Chills? Y/N
- Headache? Y/N
- Nasal or sinus congestion? Y/N
- Sudden onset of unexplained body aches? Y/N
- Nausea/vomiting, diarrhea or abdominal pain? Y/N
- Pink eye? Y/N
- If you are over 70 are you experiencing any delirium, increased/unexplained number of falls, acute functional decline or worsening chronic conditions? 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 in the last 14 days? Y/N

4. Travel: - Have you done any air, domestic or international travel, in the last 14 days? Y/N

- Have you been in contact with anyone who has travelled in the last 14 days? Y/N

5. Requested Actions: - Are you willing to wash or sanitize your hands upon entering the office and post-massage? Y/N

- Are you willing to wear a face mask at all times in the office and during the treatment? Y/N

- Do you consent to providing verbal consent because it is currently in your best interest? Y/N

- Would like to continue with today's scheduled treatment? Y/N