



CLIENT COVID-19 SCREENING & INFORMED CONSENT 6/29/20

This form will be completed before each massage you receive from Amy Johnson.

- I understand that the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. Given the current limits in virus testing, it is impossible to determine who does and does not have COVID-19 and a person can be asymptomatic and still be contagious.
- I affirm that I have notified Amy Johnson of all known medical conditions including conditions related to your heart, lungs or conditions that can compromise/suppress my immune system.
- I agree to inform Amy Johnson of any changes in my health and medical condition. I understand that there shall be no liability on Amy Johnson's part should I forget to do so.
- I understand that Amy Johnson may choose to reschedule this session if she has concerns about potential exposure.
- I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there is an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless Amy Johnson and Amy Johnson Massage from any claims related thereto. I give my consent to receive treatment from this practitioner.
- I understand that my name and contact information will be shared with the State Health Department in the event that a I or a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

Please answer **(Y)es or (N)o** by each bank below:

Are **you** or **any of your household members** experiencing any of the symptoms listed below at the moment or in the last 14 days? :

- | | |
|---|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> New or change in headaches |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Cramping in lower legs & feet |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Bruising, redness, swelling |
| <input type="checkbox"/> Difficulty breathing/shortness of breath | <input type="checkbox"/> New skin rash or skin changes |
| <input type="checkbox"/> Nausea/vomiting/diarrhea | <input type="checkbox"/> Nasal congestion/runny nose |
| <input type="checkbox"/> Loss of taste and/or smell | <input type="checkbox"/> Red or purple toes |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> New widespread muscle pain |
| <input type="checkbox"/> Sore throat | |

Have you been tested for COVID-19? _____ Antibodies? _____

If so, when? _____ What were the results? _____

Have any of your household members been tested for COVID-19? _____

Antibodies? _____ If so, date and results _____

My temperature taken by Amy Johnson with a no-touch infrared thermometer at start of my massage session was _____ (100.4 or higher and session will be rescheduled).

Are you aware of having been exposed to someone with COVID-19 or anyone who has been exposed to someone with COVID-19? Yes or no _____

In the last 14 days have you traveled? If so, provide details? _____

I have read the Health Protocols for Massage Clients given to me by Amy Johnson and agree to all the policies. I have read the above statements and answered the questions above to the best of my knowledge.

Client Signature: _____ Print Name: _____

Date of Agreement: _____ Date of Massage Session: _____