

My temperature taken by Amy Johnson with a no-touch infrared thermometer at the start of my massage session \_\_\_\_\_

**AMY JOHNSON MASSAGE**

**CLIENT COVID-19 SCREENING & INFORMED CONSENT 4/24/21**

*This form will be completed before each massage you receive.*

- 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 agree to notify Amy Johnson immediately and then be tested as soon as possible once I am given information that indicates I may have possibly been exposed to COVID-19.
- I understand that my name and contact information will be shared with the State Health Department in the event that I, Amy Johnson or another client 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.

I confirm that neither I nor any of my household members or anyone I have been in contact with are presenting with or have presented with any of these potential COVID-19 symptoms in the last 14 days :

- |  |                               |
|--|-------------------------------|
| Fever (100.4 or over), Chills            | New or change in headaches    |
| Cramping in lower legs & feet            | Unexplained fatigue           |
| Cough, persistent                        | Bruising, redness, swelling   |
| Difficulty breathing/shortness of breath | New skin rash or skin changes |
| Nausea/vomiting/diarrhea                 | Nasal congestion/runny nose   |
| Loss of taste and/or smell               | Red or purple toes            |
| New widespread muscle pain               | Sore throat                   |

Please initial here to confirm: \_\_\_\_\_

In the last two weeks, 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 outside the US or by commercial airline, train or bus ? If so, please provide details?

**Have you received your COVID vaccine? \_\_\_\_\_ If so, date(s)**

**I \_\_\_\_\_, on \_\_\_\_\_ 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: \_\_\_\_\_

**I have re-read this Consent form and by my initial & date below I agree to the facts & statements & consider this Consent Form executed again for the date noted. If there are any changes, I will complete a new agreement.**

Initial, Date, Temp: \_\_\_\_\_

Initial, Date, Temp: \_\_\_\_\_

Initial, Date, Temp: \_\_\_\_\_

Initial, Date, Temp: \_\_\_\_\_

