

Health Check Questions and Informed Consent

Please provide this information needed to keep my practice safe for everyone. I apologize for the intrusive nature. This is the best tool massage therapists have for now.

Please answer these questions when requested and email them to me. Only those who comply will receive bodywork sessions. If your answers reveal possible illness or too great a current risk, I'll reschedule you in the future without any cancellation penalty.

1. Have you ever been diagnosed with COVID-19? _____

If so, date cleared to leave isolation and resume public activities: _____

2. Do you work with the public or in another high-risk setting? _____ If so, describe:

3. Which protection do you use in public? mask gloves both distancing none

4. Do you have any of these COVID-19 symptoms today? (if YES, X, check, circle or highlight below)

| | |
|---|-------------------------|
| Unusual fatigue/persistent tiredness | Loss of smell |
| Fever or persistent cough | Loss of appetite |
| Persistent cough | Diarrhea |
| Shortness of breath | Confusion |
| Chest pain | Abdominal pain |
| Hoarse voice | Fever |

5. Have you had any of the above from question 4 in the past 3 weeks? _____ If so, were you tested for COVID-19? _____ Have you received the results? _____

6. Have you had contact with a person known to have COVID-19 or been in an area with high prevalence of COVID-19 in the past 14 days? _____

7. Taken commercial flights or with gatherings of more than 10 people in the past 14 days? _____

Both client and therapist will wear masks to cover nose and mouth throughout sessions until the threat of COVID-19 has passed. If you don't wear your own (homemade is fine), a sterilized reusable cotton mask will be provided. Carol may be wearing an N95 respirator. (I had an un-donatable open box for bad pollen allergies when the pandemic hit.)

I affirm that I have answered these questions truthfully and completely.

Massage involves prolonged touch and close physical proximity over an extended period of time, which may elevate the risk of disease transmission, including COVID-19. I acknowledge that I am aware of the risks involved, voluntarily assume the risks and release and hold harmless the practitioner from any related claims. I give consent to receive massage, bodywork or coaching from Carol A. Niemi, LMT, CHt.

In the event that Carol or a client of Carol tests positive for COVID-19, I consent to have my contact information shared with the Health Department as required by law.

Signature

Date

Thank you for helping keep all of us safe!