

Health Check Questions and Informed Consent

These questions provide the information I need to keep my practice safe for everyone. I apologize for their 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 answer them 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? (circle, X or check if yes) _____

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. Have you flown on any commercial flights in the past 14 days? _____

Please note that 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 bring your own (homemade is fine), a sterilized reusable medical mask will be provided. For your protection, I may be wearing an N95 respirator. (I've used them for several years outdoors due to bad pollen allergies, and already had some when the pandemic hit.)

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

Massage therapy 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.

Signature _____

Date _____

Thank you for helping keep us all safe!