

Health Check Questions and Informed Consent

These questions are to 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.

Today, and again the day before your appointment, please answer these Health Check Questions and email them to me. Only those who answer these questions will receive bodywork sessions. If your answers reveal 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 a fever, cough, sore throat, loss of smell or taste or unusual prolonged fatigue today? _____

5. Have you had a fever, cough, sore throat, loss of smell or taste or unusual prolonged fatigue 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 in the past 14 days? _____

7. Have you been in an area with high prevalence of COVID-19 in the past 14 days? _____

Please note that both client and therapist will wear face masks throughout sessions until the threat of COVID-19 has passed. Please bring your own mask (homemade is fine). 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 and give consent to receive massage, bodywork or coaching from Carol A. Niemi, LMT, CHt.

Signature

Date

Thank you for helping keep us all safe!