

COVID-19 Information

Please answer these COVID-19 related questions below, truthfully:

1. Have you had a fever in the last 24 hours of 100 degrees F or above? _____

2. Do you now or have you had, any respiratory or flu symptoms (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)?

3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? _____

4. Have you had a new loss of taste or smell? _____

5. Have you traveled anywhere outside of the state in the last two weeks?

COVID-19 Client Consent:

I understand that COVID-19 is extremely contagious and may be contracted from various sources. I also understand COVID-19 has a long incubation period during which carriers of the virus may or may not show symptoms and still be contagious.

I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I acknowledge by signing this form I am aware of the risks involved and I give consent to receive Massage Therapy from **Maggie Wissert** on this date and all future massage sessions.

Signature: _____ **Date:** _____