



## COVID 19 Informed Consent Form

### Important Information about COVID 19, known risk factors and massage therapy

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COVID 19 is present in Pima County as well as around the world. The fact that individuals can feel healthy and free of symptoms during the incubation period while passing it on to others makes this virus a serious public health risk.

#### My Goals:

- 1 Reduce morbidity and mortality
- 2 Minimize disease transmission
- 3 Protect healthcare personnel
- 4 Provide therapeutic touch and stress relief to clients
- 5 Ensure the continuation of services provided at Copacetic bodyworks

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

We can help reduce the spread of coronavirus by following the CDC guidelines: for example, your appointment can be rescheduled for a later time if any high risk categories apply to you or members of your household. Please complete this questionnaire to acknowledge your understanding of the virus and to screen for risk factors.

This screening list was taken from the CDC website:

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#high-risk>

## COVID 19 Risk Factor Screening Questionnaire

Please check any categories that apply to you

- My age is over 65 years old
- I have lung disease or moderate asthma
- I have heart disease that is not regulated or with complications
- I am immunocompromised or going through cancer treatments
- I have a history of blood clots or am high risk for blood clots
- I have a new or sudden loss of smell or taste
- I have other conditions, such as diabetes, renal failure or liver disease
- I am pregnant or trying to become pregnant
- I have travelled out of the country within the last 15 days
- I have been exposed to someone who has tested positive for COVID 19 within the last 15 days
- I live in a nursing home or long-term facility
- None of the categories apply to me

### Please read and sign the statement below:

I understand that COVID 19 is a highly contagious respiratory infection that is potentially life threatening in individuals with the risk factors listed above. I am aware that my Massage Therapist may decide to reschedule if I have been sick, febrile, or have any of the above listed risk factors according to her discretion. I have had the opportunity to ask questions and seek clarification with my massage therapist. I, also, have a clear understanding that both myself and my therapist are accepting the potential risks of touch-based therapies.

I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner 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 understand that, because massage therapy work involves maintained touch and close proximity over an extended period of time, there may be elevated risk of disease transmission, including COVID 19. By signing this form, I acknowledge that I am aware of risks involved in receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive from this practitioner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Today's Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Massage Therapist Signature

