

Precautionary Coronavirus Liability Release Form

Due to the outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitization and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Chills
- Nausea or vomiting
- Diarrhea
- Confusion
- New widespread muscle pain
- Headaches
- Red or purple toes
- Loss of taste & smell
- Bruising, redness, swelling, or cramping in lower legs and feet

I, _____ agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a “hot spot” for COVID-19 infections within the last 30 days.
- I understand that this business and my massage therapist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below I agree to each above statement and release the massage therapist and business from any and all liability for the unintentional exposure or harm due to COVID-19.

Your massage therapist and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitization protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Client Signature _____ **Date** _____
Therapist Signature _____ **Date** _____

CLIENT COVID-19 INFORMATION AND CONSENT

INFORMED CONSENT FOR EVERYONE:

I understand that COVID-19 is a highly contagious virus that is still present in my community. I understand that COVID-19 has an extended incubation period that can be passed through close contact with others who are asymptomatic. I understand that The Muscle Therapy Massage Center has taken every precaution to protect my health and safety, but that the risk of infection is still possible.

INFORMED CONSENT FOR HIGH RISK AWARENESS:

I understand that the following health conditions place me at a higher risk for serious COVID-19 infection. If I have one (or more) of these conditions, I should refrain from massage therapy while COVID-19 is present in my community, or obtain consent from my physician. Should I decide to proceed with massage therapy treatments, I agree to assume all risk related to COVID-19 infection.

The CDC estimates that 88% of people who require hospitalization for COVID-19 have one or more of these underlying conditions:

- People 65 years of age or older
- People living in a nursing home or long term health facility
- Chronic lung diseases
- Moderate to severe asthma
- Cardiovascular conditions
- Compromised or suppressed immunity
- Severe obesity (BMI of 40 or higher)
- Diabetes
- Chronic kidney diseases undergoing dialysis
- Liver diseases

We believe clients with these conditions should consult with their primary care physicians before pursuing therapeutic massage services.

DEPARTMENT OF HEALTH AND EXPOSURE TO COVID-19:

I understand that in the event that a client, therapist, or staff member related to The Muscle Therapy Massage Center tests positive for COVID-19 within a time period that places me at risk for exposure, my name and contact information will be shared with the Pennsylvania Department of Health in order to pursue their contact tracing efforts. In the event that I develop symptoms of illness within two weeks of my massage appointment, I will contact this massage facility immediately.

Client Signature _____ **Date** _____

Therapist Signature _____ **Date** _____

Resource: "Preventing Disease Transmission in a Massage Practice." Anne Williams and Eric Brown