

COVID-19 Health Information & Informed Consent

Client Name: _____

This document contains important information about your decision to receive services in light of the COVID-19 public health crisis. Please read and fill out this form carefully and let me know if you have any questions.

Clients at High Risk: While information is still limited, the CDC indicates that these underlying conditions place people at higher risk for severe illness from COVID-19. Circle those that apply to you.

People 65 years or older	Chronic lung disease	Moderate to severe asthma
Heart conditions	Chronic kidney disease	Liver disease
Diabetes	Compromised or suppressed immunity	Severe obesity (body mass index of 40 or higher)

- Have you had a fever in the last 24 hours of 100°F or above? Yes No
- Have you experienced any cold or flu-like symptoms in the last 14 days (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)? Yes No
- Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes No
- Have you traveled anywhere outside of the state in the last two weeks? Yes No
Location: _____
- Have you had a new onset of loss of sense of taste or smell? Yes No
- Have you been asked to self-isolate or quarantine by a doctor or a local public health official in the last 14 days? Yes No
- Have you been tested for COVID-19? Yes No What type of test did you have?
When were you tested? _____ What was the result? _____
 - A viral test tells you if you have a current infection.
 - An antibody test tells you if you had a previous infection.



The following questions are specific to a new aspect of COVID-19 involving blood coagulation.

- Can you exercise to get your heart rate and respiratory rate up without any problem?
Yes No
- Have you had a new onset of muscle aches and pain since the emergence of the virus? Yes No
- Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin?
Yes No

Updated Hygiene Protocol: Our goal is to maintain a safe environment for all clients, therefore, it is strongly recommended that both the client and the practitioner wash their hands at the beginning and end of the session and wear face masks throughout the duration of the session.

“I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner.”

Client Signature: _____

Date: _____

