



Sam Farnsworth LMT

## Health Information – Covid-19 Information & Liability Waiver

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Covid-19 Information

1. Have you been tested for Covid-19? Yes  No
2. If Yes, when were you tested? \_\_\_\_\_ What were the results? \_\_\_\_\_
3. Have you been tested for the Covid-19 antibody? Yes  No
4. If Yes, when? \_\_\_\_\_ What were the results? \_\_\_\_\_
5. Have you had a fever in the last 24 hours of 100°F or above? Yes  No
6. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Yes  No
7. Do you now, or have you recently had, any chills, muscle aches, new loss of taste or smell, or new rashes or lesions? Yes  No
8. 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
9. Have you done any air travel, domestic or international, recently?
10. Have you traveled to any places with a high infection rate, or where people have not been isolating, or been in any groups of people where social distancing was not observed? Yes  No
11. Do you spend time around anyone considered high risk, such as elderly or people with weakened immune systems? Yes  No
12. Are you willing to have your temperature taken in a sterile manner when you enter the office? Yes  No
13. Are you willing wash or sanitize your hands when you enter the office and after the session? Yes  No
14. Are you willing to wear a face mask in the office or during the session, unless other accommodations are provided by Sam Farnsworth LMT (while face down on table)? Yes  No

If you have had COVID-19 and recovered:

17. What does your medical doctor say about your risk of communicability?
18. What does your medical doctor advise about getting physical activity?
19. What do you *do* in terms of physical activity?

Sam Farnsworth LMT agrees to abide by these same standards. I also affirm that I have improved and expanded our sanitation protocols to more thoroughly prevent the spread of Covid-19 and other communicable conditions.



Sam Farnsworth LMT

### Consent for Treatment

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be a risk of disease transmission, including Covid-19. By signing this form, I acknowledge that I am aware of the risks involved in receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless Sam Farnsworth LMT from any claims related thereto. I give my consent to receive treatment from this practitioner.

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_