



**COVID-19 Pandemic Treatment Consent Form**

I, \_\_\_\_\_, knowingly and willingly consent to have massage therapy service during the COVID-19 pandemic. \_\_\_\_\_ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

\_\_\_\_\_ I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of massage services, that I have an elevated risk of contracting the virus simply by being in the salon.

\_\_\_\_\_ I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Temperature above 98.7 degrees
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore Throat/ feel ill

\_\_\_\_\_ I confirm that I have not been around anyone with these symptoms in the past 14 days.

\_\_\_\_\_ I do not live with anyone who is sick or quarantined.

\_\_\_\_\_ To prevent the spread of contagious viruses and to help protect each other, I understand that I will follow ALL salon guidelines.

\_\_\_\_\_ I verify that I have not traveled outside Canada in the past 14 days

\_\_\_\_\_ I verify that I have not traveled domestically within Canada by commercial airline, bus, or train within the past 14 days.

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