

Massage on 194th Covid 19 Waiver

Due to the COVID-19 pandemic, we are taking extra precautions with the intake of each client. Please answer these questions truthfully so we may continue to do our best to stop the spread.

Primary symptoms of COVID-19 may include:

New cough or a chronic cough that is worsening, fever, new or worsening shortness of breath or difficulty breathing, sore throat, and runny nose.

Secondary symptoms of COVID-19 may include:

Stuffy nose, painful swallowing, headache, chills, muscle or joint pain, gastrointestinal symptoms, loss of sense of smell or taste, conjunctivitis (pink eye).

I, _____ accept the following affirmations
(print your name)

when engaging in a treatment from any therapist at Massage on 194th:

- I understand the above symptoms and affirm that I, as well as all members of my household, do not currently have nor have experienced COVID-19 symptoms within the last 14 days.
- I affirm that I, as well as all members of my household, have not been diagnosed with COVID19 within the last 14 days.
- I affirm that, to my knowledge, I have not been in contact with anyone who has been diagnosed with COVID-19.
- I affirm that if I travelled outside of Canada in the last month, I isolated in my home for 14 days upon my return.
- I understand that, because massage therapy and other natural health practices involve maintaining prolonged and close physical contact, there may be an elevated risk of disease transmission, including COVID-19.
- I understand that Massage on 194th and my health practitioner cannot be held liable should I experience exposure to the virus or any other contagion.
- **I understand that this form is valid for this treatment and all following treatments and I will not attend my appointment(s) if I have any Covid-19 symptoms.**

By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage therapy and bodywork.

Signature: _____ Date: _____