

Be In Touch Bodywork

COVID-19 Consent Form

Client Name: _____

Date: _____

Please initial each section:

_____ I agree to check my temperature before my appointment and will cancel if I've had a fever in the last 24 hours of 100°F or above.

_____ I agree to cancel my appointment if I have or recently had any respiratory or flu symptoms, a sore throat, or shortness of breath.

_____ I agree to cancel my appointment if I've been knowingly in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or who has coronavirus-type symptoms.

_____ I understand that because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19.

_____ I agree to wear a mask to my appointment.

By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from Lani D. Oft, LMT.

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____