

COVID-19 PANDEMIC EMERGENCY MASSAGE THERAPY RISK

Please read. Have the client acknowledgement below, and initial or sign in all areas indicated.

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand that the novel coronavirus has a long incubation period during which carriers of the virus **may not show symptoms and still be contagious**. For this reason, I understand that the federal and provincial authorities have recommended that Ontarians stay home and avoid close contact with other people what at all possible. _____ (initial)

I understand that the federal and provincial authorities have asked individuals to maintain social distancing of at least two (2) meters (six (6) feet) and **I recognize it is not possible to maintain this distance while receiving massage therapy treatment.**_____ (initial)

I understand that due to the visits of other clients, the characteristics of the novel coronavirus, and nature of massage therapy treatments, **that I have an elevated risk of contracting the novel coronavirus simply by being in the massage therapy office**_____ (initial)

I agree to complete a COVID-19 screening questionnaire as required by the Ministry of Health _____ (initial)

If someone in my home or myself have received COVID-19 test results in the past three (3) months, the last results received were negative_____ (initial) if applicable, approximate date of test _____

I confirm that I am not waiting for the results of a test for COVID-19 _____ (initial)

I confirm that this is not currently a period during which public health authorities required self-isolation for 14days._____ (initial)

In the event of an outbreak of Covid-19, I _____ (client’s name) consent to the use of contact information be provided to the Ministry of Health/ Public Health/ Health Unit and other authorities when required to by law.

Signature of client/ client guardian

Date.

I verify the information I have provided on this form is truthful and complete. I knowingly and willingly consent to have emergency massage therapy treatment completed during the COVID-19 pandemic.

Signature of client/ client guardian

Date.