



COVID-19 Pandemic Bodywork Consent Form

I, _____ (print), knowingly and willingly consent to have massage, acupuncture or other bodywork services 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. _____ (initial)

I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of skin services, that I have an elevated risk of contracting the virus simply by being in the studio. _____ (initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below. _____ (initial)

- Fever
- Shortness of breath
- Loss of sense of taste or smell
- Dry Cough
- Runny Nose
- Sore throat

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the studio's strict guidelines. _____ (initial)

I understand that the CDC, OSHA, Associated Bodyworks & Massage Professions (ABMP) and Arizona Department of Public Health recommend social distancing of at least 6 feet. _____ (initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And, I verify that I **have** or **have not** (circle one) traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. _____ (initial)

If you have, please list: _____

I verify that I have or have not (circle one) traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____ (initial)

If you have, please list: _____

Signature _____

Date _____

FOR OFFICE USE ONLY:

Temperature _____ degrees _____ (time/date)

Therapist's Initial _____