



COVID-19 Pandemic Massage Therapy Treatment Consent Form

I, _____, knowingly and willingly consent to have massage therapy treatment completed 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. Kate White cannot determine who has it and who does not. I understand that it would be in my best interest to delay all non-emergency treatments, such as massage, until the pandemic is over. However, I have decided to exercise my free-will and get massage regardless of any risks to my health.

I have had an opportunity to read & ask questions about the CDC's web page that explains who is at a higher risk for severe illness if they contract COVID-19. I understand the risks and fully accept them.

I also understand that by signing this form, I give Kate White permission to give any government entity or any official **contract tracer** the information that they may request about me with regards to containing the COVID-19 pandemic.

I agree to have my temperature taken and recorded each time I present myself for massage during this pandemic. I agree to answer these four questions each time as well:

One of these symptoms

- Fever
- Dry Cough
- Shortness of breath or difficulty breathing

At least two of these symptoms

- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

1. Have you or anyone in your household had any of the above symptoms within the last 14 days?

2. Have you been diagnosed with COVID-19 within the last 30 days?



3. Have you knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days?

4. Have you traveled outside of the country, or to any city outside of our own that is or has been considered a "hot-spot" for COVID-19 infections within the last 30 days?

Covid-19 also puts people at risk for developing blood clots. Massage therapy is contraindicated for clots. So, we need to ask these questions:

Can you exercise to get your heart rate and respiratory rate up without any problem? (This would indicate whether their cardiopulmonary function is unimpaired.)

Have you had a new onset of muscle aches and pain since the emergence of the virus? (This is a possible early sign of coagulopathy, and a reason to defer treatment until the person has been tested and cleared of coagulopathy risk.)

Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin? (This indicates the possibility of microvascular clotting and is reason to defer treatment until the person has been tested and cleared of coagulopathy risk.)

In terms of clinical decision-making, we can start here: any new signs of skin lesions or discoloration need to be fully resolved before we can be sure that massage is safe. Any signs of pulmonary or cardiovascular strain needs to be resolved. And any client using an anticoagulant to treat complications related to COVID needs to delay massage until they are no longer at risk for blood clotting.

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

Signed:

_____ Date: _____