

# Covid-19 Screening and Liability Release Form

The health and safety of our clients and therapists is our highest priority. Therefore we are taking every precaution to prevent the spread and reduce the risk of exposure to infectious diseases including COVID-19. These precautions include elevated sanitation practices and routine screening for symptoms of COVID-19.

## Symptoms of Covid-19 / Coronavirus

- Difficulty breathing
- Dry cough
- Nausea or vomiting
- Extreme Fatigue
- New loss of taste or smell
- Headaches
- Fever or chills
- Congestion or runny nose
- Unusual aches or pains

## Please Read and Initial Each Item Below

- yes  no During the past **2 weeks**, have you experienced any of the symptoms listed above?
- yes  no Have you had a fever of 100 deg or higher in the past **24 hours**?
- yes  no Have you been diagnosed with COVID-19 or received positive (+) test results in the past **30 days**?
- yes  no Have you been in contact with anyone in the past **14 days** who has been diagnosed with COVID-19 or who has symptoms of coronavirus infection?
- yes  no Do you currently have symptoms of a respiratory infection?

By signing this form, I agree with the information provided above, and I declare that the information I've provided on this form and my other intake documentation is true and accurate to the best of my knowledge. I also acknowledge that close contact with people increases the risk of infection. Therefore, I understand that this business and massage therapist cannot be held liable for any exposure to the COVID-19 virus or any other contagion, and I release the business and massage therapist from all liability for any harm that may result from exposure.

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*Client Name (Please Print)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
*Client Signature*