



COVID-19 PROTOCOLS AND CONSENT

Clients must wear a face covering in the building at all times. This includes walking to the building at 7 Main Street.

Both client and practitioner must wear a mask for the massage. When on your stomach, the client has the option to remove the mask from their nose if they need.

If you have any symptoms please do not come to your appointment. I have waived all cancellation fees. Please respond yes/no to the following questions.

- Have you had a fever in the last 24 hours of 100°F or above? _____
- Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? _____
- Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms _____
- Have you traveled by plane in the last 14 days? _____
- Have you traveled to any other countries in the last 14 days? _____

I am encouraging people to take showers before their appointments (especially if coming directly from work where you have direct contact with other people).

Washing hands and or applying sanitizer (provided) is obligatory upon arrival.

To receive care, I confirm and understand the following:

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

Initial *

I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because massage therapy involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to the practitioners and staff at Root and Branch Healing to proceed with providing care.

Initial *

I agree that I will notify Root and Branch Healing if I test positive for COVID-19 and have received a massage in the last 14 days. I understand in the event this happens, my contact information may be shared with the Department of Health and other entities as needed.

Initial *

Root and Branch Healing complies with contact tracing efforts, working with the Department of Health and other entities as needed. I agree that my contact information may be shared with the above entities if a case of COVID-19 is identified in a client or practitioner and appointment records indicate you may have been exposed to said person while they were infected.

Initial *

By signing this form, I knowingly and willingly consent to receiving massage therapy treatment with the full understanding and disclosure of the risks associated with receiving care during the COVID-19 pandemic. I appreciate that it is not possible to consider every possible complication to care. I intend this consent to cover the entire course of care from all the practitioners at Root and Branch Healing.

Print Name * _____

Signature* _____

Date * _____