

MassageFIX® 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. MassageFIX® 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 MassageFIX 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?

I have had an opportunity to read [specific guidance for massage therapists](#) and understand that MassageFIX® has every intention of complying during each phase of the pandemic. I understand that my massage therapist may be wearing a mask during my treatment, depending on the current pandemic phase. I also understand that I must also wear a mask and follow any rules set forth by MassageFIX during this time for safety or risk being refused service.

Signed: _____ Date: _____