

**Covid-19 Client Consent Form**



Client name (printed): \_\_\_\_\_

I understand the novel coronavirus, Covid-19, can have a long incubation period, during which carriers of the virus may not show symptoms and still be contagious.

I understand that, due to the frequency of other clients visiting this clinic, there is an increased risk of contracting the novel coronavirus by being in the same treatment space.

I confirm that I am not presenting any of the following Covid-19 symptoms, as identified by Alberta Health Services and unrelated to any already known or pre-existing conditions: fever (>38°C), new or worsening cough, new or worsening shortness of breath, difficulty breathing, sore throat/painful swallowing, flu-like symptoms, runny nose/congestion, and loss of smell/taste.

I confirm that I am currently not testing positive for Covid-19 and I am not waiting to hear back about test results for a recent Covid-19 examination.

I confirm that I have not travelled outside of Canada in the past 14 days. I understand that international travel by any means currently increases my risk of contracting and transmitting Covid-19, and that Alberta Health Services requires those individuals to self-isolate for 14 days from date of return to Canada.

I understand that Alberta Health Services is asking individuals to maintain a physical distance of at least 2 meters (6 feet), and it is not possible to maintain this distance and receive massage therapy treatments.

I verify that I have not had unprotected contact with someone who has tested positive for Covid-19 or been asked to self-isolate by Alberta Health Services, the Communicable Disease Control, or any government health agency.

By signing below, I verify the information I have provided is truthful and accurate. I knowingly and willingly consent to having massage therapy treatments completed during the Covid-19 pandemic.

Treatment no.	Today's date	Client signature
1		
2		
3		
4		
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11		
12		