

Consent of Service Covid-19

I, \_\_\_\_\_, understand that close contact with people increases the risk of infection from **(printed name)** COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner.

I, \_\_\_\_\_, acknowledge that I am presently not showing any signs or symptoms, **(printed name)** including:

- Fever
- Chills
- Cough
- Sore throat
- Diarrhea, digestive upset
  
- Nasal, sinus congestion
- Loss of sense of taste or smell
- Fatigue
- Shortness of breath
  
- Sudden onset of muscle soreness (not related to a specific activity)
  
- Rash or skin lesions (especially on the feet)

Sign: \_\_\_\_\_

Date: \_\_\_\_\_