

COVID-19 Client Before-Session Questionnaire

Angelical Touch Massage Therapy

Angel Rivera, Licensed Massage and Bodywork Therapist, LMBT, NC #7517

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Client Name: _____

1. Current Temperature _____ °F
2. My temperature has not been above 98.6°F in the past 72 hrs. Yes No
3. Have you knowingly been in contact with anyone diagnosed with **COVID-19** in the past 2 weeks? Yes No
4. I have not had any of the following symptoms in the past 2 weeks:
Fever, Cough, Shortness of Breath, Persistent Chest Pain or Pressure. Yes No
5. I acknowledge I am receiving Massage Therapy knowing that social distancing cannot be adhered to during my massage session. Yes No
6. In the event I contract COVID-19, I will notify my therapist as soon as possible. Yes No

Comments _____

COVID-19 has been declared a worldwide pandemic by the World Health Organization and it is extremely contagious and is believed to spread mainly from person-to-person contact, mostly via the respiratory tract.

As a result, federal, state, and local governments and federal and state health agencies recommend social distancing. Your Massage Therapist has put in place preventative measures to reduce the spread of COVID-19; however, your massage therapist cannot guarantee that you will not become infected with COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by receiving massage therapy and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my massage therapy appointment.

On my behalf I hereby release, covenant not to sue, discharge, and hold harmless my massage therapist, their massage establishment, and any interested parties from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of my massage therapist or the establishment where massage therapy services are received, whether a COVID-19 infection occurs before, during, or after participation in any massage therapy session.

Client Signature: _____

Date: _____

Practitioner Signature: _____

Date: _____