



Rejuvenate

MASSAGE

HEALTH COACHING

SKINCARE

434 Main Street Schoharie, New York 12157

518-944-3781

Health Information–COVID-19 Information & Liability Waiver

Name: _____ Date: _____
(Please print)

COVID-19 Information

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Yes No
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes No

Consent for Treatment:

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner.

I will call my therapist or my therapist will call me if either start showing any apparent COVID-19 symptoms. I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____

For follow up sessions:

_____ Initials _____ Date

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