

# COVID Pre-appointment Screening & Informed Consent- Abby Meyers Massage

Client name: \_\_\_\_\_

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

Face masks/coverings are required by Abby Meyers Massage and the State of Illinois Phase 4 Guidelines for Personal Services.

Do you agree to wear a mask or face covering (pillowcase draped over the face cradle) the entire time, including while face down on the massage table? Yes  No  \*If 'No' your appointment will be canceled. Thank you!

## Section 1: COVID-19 Related Questions

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 non-allergy related respiratory or flu symptoms, sore throat, or shortness of breath? Yes  No
3. Do you now, or have you recently had, any chills, unusual muscle aches, new loss of taste or smell, or new rashes or lesions? Yes  No
4. Have you experienced any warmth, redness or swelling in a particular area? Yes  No
5. Have you noticed tiring/becoming winded more easily while engaging in your regular amount of exercise? Yes  No
6. 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
8. Have you received a Covid vaccine in the past 3 days? Yes  No

By signing below, I agree I have given accurate health information to the best of my knowledge:

Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: Informed Consent/Acknowledgement of Risk.** Despite screening clients/therapist for COVID-19, cleaning and protective measures, I understand the following:

Clients/therapist can be pre-symptomatic (not yet have any symptoms) or asymptomatic (never have symptoms) carriers of COVID-19. These carriers can pass the virus on to other people,

therefore I could be exposed to the virus. Close contact and prolonged contact, such as massage therapy, could increase this risk. I understand: Yes  No

I understand that COVID-19 has been associated with an increased risk of blood clots. Massage therapy is contraindicated (not recommended) for anyone who has a blood clot/s not controlled by medications. If I have any concerns that I may have a blood clot I have disclosed it above. I understand and have no known or suspected blood clots  I do not understand

The following factors have been shown to increase the risk of a severe COVID-19 infection: - People age 65 and over- -Chronic lung diseases- -Moderate to severe Asthma- -Cardiovascular conditions- -Suppressed immunity (i.e. some medications)- -Compromised Immunity- -Severe obesity (BMI 40 or higher)--Diabetes--Kidney disease --Liver disease-- Pregnancy. *If I have one or more of these conditions, I understand that I am at a higher risk of a severe COVID-19 infection.* Yes, I understand the increased risk  No, I don't understand

I understand the above statements and I choose to receive massage therapy despite these risks. I release Abby Meyers Massage and Abby Meyers from liability.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Section 3: Have you been diagnosed with COVID in the past or suspect you had COVID?**

Yes  No  \*If 'Yes' complete this post-infection questions below. Skip this section if 'No'.

1. How long ago did your COVID symptoms go away? \_\_\_\_\_

2. What does your doctor say about your current level of communicability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What recommendations has your doctor given you regarding physical activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any known blood clots? Yes  No

5. Describe any complications or changes that you have noticed that are still present following your infection. List any medications you are taking to manage ongoing COVID complications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you! If you have any questions or concerns please let me know.**