

# Covid-19 Massage Therapy Treatment Consent Form

To receive care, I confirm and understand the following:

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

Initial \* \_\_\_\_\_

I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because massage therapy involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to the practitioners and staff at Auman Massage to proceed with providing care.

Initial \* \_\_\_\_\_

I agree that I will notify Auman Massage if I test positive for COVID-19 and have received a massage in the last 14 days. I understand in the event this happens, my contact information may be shared with the Department of Health and other entities as needed.

Initial \* \_\_\_\_\_

Auman Massage complies with contact tracing efforts, working with the Department of Health and other entities as needed. I agree that my contact information may be shared with the above entities if a case of COVID-19 is identified in a client, therapist or employee and appointment records indicate you may have been exposed to said person while they were infected.

Initial \* \_\_\_\_\_

**By signing this form, I knowingly and willingly consent to receiving massage therapy treatment with the full understanding and disclosure of the risks associated with receiving care during the COVID-19 pandemic. I appreciate that it is not possible to consider every possible complication to care. I intend this consent to cover the entire course of care from all the practitioners at Auman Massage**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Date

