

COVID -19 WAIVER



I am so excited to welcome you once again. Due to the COVID-19 pandemic, I am taking extra precautions with the intake of each client.

I understand that COVID-19 is passed through close contact with others and that people without symptoms may be infectious.

Primary symptoms of COVID-19 may include:

- new cough or a chronic cough that is worsening
- fever
- new or worsening shortness of breath or difficulty breathing
- sore throat runny nose

Secondary symptoms of COVID-19 may include:

- stuffy nose
- painful swallowing
- headache
- chills
- muscle or joint pain
- gastrointestinal symptoms
- loss of sense of smell or taste
- conjunctivitis (pink eye)

I, _____

accept the following affirmations when engaging in a treatment from, Denise Mussell.

I understand that this Serenity Spa has taken every precaution to ensure my health and safety but that risk of infection is still possible.

Should I decide to proceed with massage therapy I assume all risk related to COVID-19 infection

Signature _____

Date _____

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I understand the above symptoms and affirm that I, as well as all members of my household, do not currently have nor have experienced COVID-19 symptoms within the last **14 days**.

I affirm that I, as well as all members of my household, have not been diagnosed with COVID-19 within the last **14 days**.

I affirm that, to my knowledge, in the last **14 days** I have not been in contact with anyone who has been diagnosed with COVID-19.

I affirm that if I travelled outside of Canada in the last month, I isolated in my home for **14 days** upon my return.

I understand that, because massage therapy and other natural health practices involve maintaining prolonged and close physical contact, there may be an elevated risk of disease transmission, including COVID-19.

I understand that this business and my NHPC practitioner (identified above) cannot be held liable should I experience exposure to the virus or any other contagion as a result of my providing misinformation on this form.

If a potential COVID-19 exposure occurs at this business, I consent to provide my name and contact information to Alberta Health Services for the purpose of contact tracing.

By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage therapy and bodywork.

Signature: _____

Date: _____

* If the answer is yes to any of these questions, I respectfully request that you reschedule your appointment.

It is hard to really convey the gratitude I feel for your continued loyalty and support. My heartfelt thanks — my heart is so full.