



COVID -19 PANDEMIC TREATMENT CONSENT FORM

Due to the 2019-2020 outbreak of the novel Coronavirus, AKA COVID-19, we are taking extra precautions with not only the intake of each client including a health history review, but by increasing sanitation and disinfecting procedures.

I, _____, knowingly and willingly consent to receiving massage therapy at BeHive Massage Therapy during the COVID-19 pandemic. I understand the risk I am taking by being a willing participant to receive massage in this facility today and accept all responsibility in the event I test positive at any time following my massage. BeHive Massage Therapy and all its therapists cannot be held liable for any exposure to the virus.

I understand the potential risk of contracting the virus due to the long incubation period which carriers (BeHive employees as well as other clients) may be asymptomatic and may therefore spread the virus unknowingly. I understand that the virus spreads easily from person to person contact.

Initial: _____

I am aware that COVID affects different people in different ways, ranging from mild symptoms to severe illness. I confirm that I am not presenting any of the following reported conditions or symptoms of COVID-19:

- Fever/chills
- Shortness of Breath
- Persistent Pain or Pressure in the Chest
- Dry Cough/sore throat/runny nose
- Sudden and inexplicable muscle or body aches
- Nausea, vomiting, diarrhea
- New loss of taste or smell

Initial: _____

I agree to have my temperature taken by my therapist immediately prior to receiving massage. I understand that if my temperature reads over 100.4 degrees my appointment will be cancelled and rescheduled for another time (no cancellation fee)

Temp: _____ Time Taken: _____ Client Initial: _____

Therapist Initial: _____

I fully understand that if I have any of the following conditions I am at a higher risk for contracting COVID-19:

- Immunocompromised
- Adult over the Age of 65
- Person with Asthma
- Person with HIV
- Person with Liver Disease
- Hemoglobin Disorders
- Serious Heart Conditions/Severe Obesity

Initial: _____

I affirm that I, as well as any household members, have not traveled outside of the country or to any city that is considered a 'hot spot' for COVID-19 infections within the last 30 days. I affirm that I, as well as any household members, have not been diagnosed as being carriers of the Coronavirus, or have knowingly been exposed to anyone diagnosed with the infection.

Initial: _____

I consent to wearing a mask for the entire duration of my massage treatment until no longer recommended by the Washington State Health Department and other governing health agencies.

Initial: _____

I attest that I am not currently awaiting COVID-19 test results, nor have I tested positive.

Initial: _____

I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and assume all liability in my current and future health status regarding the COVID-19 virus. I agree to notify BeHive Massage Therapy should my health status change after receiving massage.

Date: _____

Client Signature: _____

Therapist Signature: _____