



## Supplementary form – COVID-19

### Consent

In the current environment of Covid-19 risk, informed consent requires that the patient be informed and understands that:

- Any treatment involves some risk of Covid-19 transmission; The practitioner is following protocol to help reduce or mitigate risk where possible, but that risk cannot be reduced to zero; The client consents to the treatment despite some risk;

Please know that people with COVID-19 can be asymptomatic and still be contagious. • There is no way to completely protect ourselves.

1. Testing status. Have you been tested for COVID? What were the results? \_\_\_\_\_

2. Symptoms – are you experiencing: - Fever >38C? Y/N - Cough? Y/N - Sore throat? Y/N - Shortness of breath? Y/N - Sudden loss of taste and smell? Y/N - Fatigue? Y/N - Chills? Y/N - Nasal or sinus congestion? Y/N - Sudden onset of unexplained body aches? Y/N

3. Exposure: Are you aware of having been exposed to anyone with COVID-19 or an individual who has been exposed to a person with COVID-19? Y/N

4. Travel. Have you done any air travel recently? Y/N - Have you traveled to any places with a high infection rate, where people have not been isolating or been in any groups of people where social distancing was not observed? Y/N

### Waiver

I understand that while the therapist is following all of the health and safety guidelines outlined by the Registered Massage Therapists Association of British Columbia, the College of Massage Therapists of British Columbia, and the Provincial Health Officer and that they are taking all reasonable precautions to clean and disinfect the clinic and all the surfaces within the treatment room, there are no guarantees that I may not come into contact with COVID-19.

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

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

*Helping you stay well – for the whole journey!*