

COVID-19 Screening

The virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, please answer honestly and accurately the questions below:

I acknowledge that I have not had the following:

- Cough
- Chills
- Muscle pain
- Sore throat
- Loss of taste or smell
- Diarrhea
- Headache
- Repeated shaking with chills
- Shortness of breath or difficulty breathing
- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees F.
- Known close contact with a person who is lab confirmed to have COVID-19
- Recently traveled on a plane, train, or bus, or interacted in a group of 10 or more people.

I acknowledge that I have answered the above questions honestly.

I realize that even with taking extreme precaution to minimize risks of transmission to or from my therapist, a risk is still involved, and I consent to receiving treatment, thereby accepting this risk.

In the event I become ill, I will hold my therapist and SerenityNOW! In-home Massage harmless and assume all personal and financial liability related to the transmission of the virus COVID-19.

In the event I become ill immediately after receiving my massage, I will immediately notify my health care provider as well as SerenityNOW! In-home Massage for safety concerns.

Date

Client Signature