



COVID-19 Health Information & Informed Consent

Client Name: _____

Date: _____

This document contains important information about your decision to receive services considering the COVID-19 public health crisis. Please read and fill out this form carefully and let me know if you have any questions.

Please answer these COVID-19 health questions below:

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Do you now, or have you recently had, any respiratory or flu symptoms (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)? Yes No
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes No
4. Have you had a new loss of sense of taste or smell? Yes No

The following questions are specific to a new aspect of COVID-19 involving blood coagulation:

5. Can you exercise to get your heart rate and respiratory rate up without any problem?
Yes No
6. Have you had a new onset of muscle aches and pain since the emergence of the virus?
Yes No
7. Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin?
Yes No

Consent for Treatment

I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. Because massage 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 Julie Bittel, LMT to proceed with providing care today and all future services.

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____

Julie Bittel, LMT, UNIFY Bodywork & Massage Therapy
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