

## What is the Coronavirus or COVID19?

Coronavirus is a respiratory virus passed from person to person. An individual infected with Coronavirus can often suffer the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache and dizziness
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Blood clots

\*Some Individuals may be asymptomatic carriers of Covid-19, \*

Currently, individual's symptoms may appear anywhere from 2 to 14 days after exposure to the virus. Individuals with heart disease, cancer, diabetes, immune disorders, the elderly, etc. are believed to be at a higher risk of contracting the virus and having adverse effects not limited to hospital visits and even death.

I acknowledge that while the therapist is using all available and suggested precautions that there is no guarantee of not contracting the virus through massage services. I agree that in the event that I contract the virus that I will not hold Emma Lani Massage Therapy or my therapist liable. I understand and accept the risks associated with receiving massage therapy.

I agree to follow any and all safety precautions and procedures required by my massage therapist while engaging in massage for the safety of myself, my therapist, and other clients. I acknowledge and understand that licensed massage and bodywork therapists cannot treat, diagnose or evaluate for illness and therefore shall not be held liable for any case that manifests out of this office. I understand by accepting the offer of receiving a massage that I am knowingly accepting all risks associated including contagious disease.

I understand that even if vaccinated I can still be a carrier of covid. As with any medication I can have adverse side effects from the vaccine which can be a contraindication for massage therapy. It is not advised to receive massage on the first 3 days after getting either vaccine dose. I am responsible for keeping my health history up to date with my therapist.

Have you been outside of Indiana/ Illinois or the U.S. in the last 14 days?  Yes  No

If yes where: \_\_\_\_\_

Therapist and Client expectations on the following page outline specific risk mitigation efforts.

I, \_\_\_\_\_, have read the above and understand the risk of Covid-19. I do not have any of the above symptoms or knowledge of having come in contact with the virus or anyone who currently has the virus in the last 14 days.

## Expectations of Therapists and ELMT to mitigate Covid-19

- Masks and hand sanitizer will be provided at the door for each customer.
- Emma Lani Massage Therapy engages in proper hand washing before and after each client.
- Each table is sprayed with disinfectant and allowed to sit for the full recommended time prior to being wiped down and made with sheets.
- Sheets are washed in hot water and detergent between every client.
- The card reader, pens, hangers, door knobs, and other common areas are wiped down after every use for client safety.
- Your therapist will be required to wear a mask throughout the session.
- Gloves can be worn by your therapist upon request.

## Expectation of Client to mitigate risk of Covid 19

- Monitor for symptoms of covid 19 and inform your therapist prior to your appointment if you suspect you or someone you have been in contact with has Covid-19
- Sanitize hands upon arrival before entering
- Wear a mask properly covering both the mouth and nose throughout the service from entering the clinic until exiting, including while on the table
- Therapist will be taking your temperature before entering anyone with a temperature above 99 degrees will be asked to reschedule
- Inform Emma Lani Massage Therapy immediately if you become sick or test positive for Covid-19
- Wash your hands for at least 20 seconds with soap and water after touching your face, coughing, sneezing, or using the restroom.
- If paperwork is required we will send you a PDF to print and fill out at home to reduce contact surfaces

Have you been vaccinated?  Yes  No

If yes have you received both doses?  Yes  No

Dates: (optional) \_\_\_\_\_

Client Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

### For Office Use Only:

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

Massage Therapist Signature: \_\_\_\_\_

As covid develops the information in this waiver may change.