**COVID-19**

**Health Information & Liability Waiver**

Client Name Date

**COVID-19 Information**

1. Are you fully vaccinated? Yes ☐ No ☐ If yes, skip to #7

If not, do you plan to get vaccinated? Yes ☐ No ☐

1. Have you had COVID? Yes ☐ No ☐

If yes, how long have you been recovered?

1. Have you been in contact with anyone in the past 14 days who has been diagnosed with COVID or has coronavirus-type symptoms? Yes ☐ No ☐ If yes, please explain
2. Do you have any symptoms of COVID? Yes ☐ No ☐ If yes, please explain
3. Have you been tested for COVID-19 in the past two weeks? Yes  No  If yes, why?
4. Do you wear a mask in public or with other people outside of your household? Yes ☐ No ☐
5. I declare that the information provided above is true and accurate to the best of my knowledge

(print name) (signature) (date)

**Consent for Treatment**

I understand that because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless Dyan Jacquin/Massage Therapy in Chicago and Palatine from any claims related thereto. I give my consent to receive treatment from this practitioner.

Client Signature Date