



MTAS

Massage Therapist
Association of Saskatchewan

Supplemental Consent form – COVID-19

Due to the infectious nature of COVID-19, this additional intake form must be completed before each massage therapy session. Please know that people with COVID-19 can be asymptomatic and still be contagious. There is no way to completely protect ourselves from this virus. Ask for the checklist of precautions to see how I am disinfecting my office between sessions. Please answer these questions truthfully and do everything asked so we can do our best to protect each other. Thank you!

1. Testing status.

Have you been tested for COVID? Y/N The antibody? Y/N
When? _____ What were the results? _____

2. Symptoms.

Are you experiencing fever?	Y/N	Chills?	Y/N
Temperature reading: _____		Nasal or sinus congestion?	Y/N
Cough?	Y/N	Sudden onset body aches?	Y/N
Sore throat?	Y/N	New rash or other changes to your skin?	Y/N
Shortness of breath?	Y/N	Have you been doing regular cardio exercise?	Y/N
Sudden loss of taste and smell?	Y/N		
Fatigue?	Y/N		

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

4. Travel.

Have you done any air travel, domestic or international, recently? Y/N
Have you traveled to any places with a high infection rate, where people have not been isolating (no stay at home order), or been in any groups of people where social distancing was not observed? Y/N

5. Precautions.

What precautions have you taken to limit your exposure to the virus? _____

6. High risk contact.

Do you spend time around anyone considered high risk, such as elderly with co-morbidities or immunocompromised family members?

Y/N

7. Requested Actions

Are you willing to wash or sanitize your hands upon entering my office and post-massage?

Y/N

Are you willing to wear a face mask at all times in my office and during the treatment? Y/N