Mudra Therapeutic Massage

Covid-19 Informed Consent

Due to the 2019-2020 outbreak of the novel Coronovirus, aka Covid-19, we are taking extra precautions with the intake of each client, health history review, as well as increased sanitation and disinfecting procedures.

Please complete the following and sign below.

Symptoms of Covid-19 include but are not limited to;

- Fever greater than 100.4F
- Fatigue
- Dry Cough
- Difficulty Breathing
- Had any new loss of taste or smell

I,agree to the following;	
I understand the above symptoms and affirm that I, as we have we experienced the symptoms listed above within	•
I agree to having my temperature taken prior to getting Temp: Ini	
I affirm that I, as well as household members, have not	been diagnosed with Covid-19 within the last 30 days.
I affirm that I, as well as household members, have not Covid-19 within the last 30 days.	knowingly been exposed to anyone diagnosed with
I affirm that I, as well as household members, have not our own that is or has been considered a "Hot Spot" for	traveled outside of the country, or to any city outside of Covid-19 infections within the last 30 days.
I understand that Mudra Therapeutic Massage and my reto the virus or any other contagion caused by misinform each client.	massage therapist cannot be held liable for any exposure nation on this form or the health history provided by
I understand the risk that I am taking by being a willing I accept ALL responsibility in the event I test positive at	participant to receive a massage in this facility today and any time following my massage.
By signing below, I agree to each of the above statements and read all liability for the unintentional exposure or harm due to Co	
Mudra Therapeutic Massage and your massage therapist agree same. We also affirm that we have improved and expanded our of Covid-19 and other communicable conditions.	· · · · · · · · · · · · · · · · · · ·
Client Signature:	Date:
Therapists Signature:	Date: