



CLIENT ATTESTATION and RELEASE

Please review symptoms, complete the form and sign below.

COVID -19 Symptoms Can Include:

- Fever
- Fatigue
- Cough, or sore throat
- Shortness of breath
- Runny Nose/Nasal Congestion
- Flu like symptoms/muscle aches/headache
- Loss or Change in smell or taste
- Rashes
- “Covid Toe”
- Nausea, vomiting , loss of appetite, diarrhea

I, _____, attest to the following:
(PRINT Full Name)

___ I understand the above symptoms and affirm that I, as well as all my household members, do not currently have, nor have experienced these symptoms in the last 14 days.

___ I affirm that in the last 14 days I have not been in close contact with, or cared for anyone currently infected with Covid-19 or with any of the above symptoms.

___ I affirm that I, as well as all my household members, have not been asked to self-isolate by a Doctor or a Public Health Official in the last 14 days.

___ I affirm that I have not had a positive COVID-19 test in the last 30 days, nor have a currently pending COVID-19 test.

___ I affirm that I, or any of my household members, have not traveled outside of the country or to any city outside of our town this is or has been considered a “hot spot” for COVID-19 infections in the last 30 days.

___ I understand that this business and my massage therapist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below I agree to each of the above statements and release the massage therapist and business from any and all liability for the unintentional exposure or harm due to COVID-19.

Signature _____ Date: _____