

Karen Asbury Bodywork, PLLC
DBA Karen Asbury Integrative Bodywork

By attending my appointment, I _____ affirm that I, as well as my household members, do not currently have, nor have experienced any of the symptoms below in the last 14 days.

- Fever (100.4 or higher)
- Fatigue
- Dry Cough
- Difficulty Breathing
- Loss of Sense of Smell -OR- Sense of Taste

I understand that cancellation fees are waived during this time for public safety, and pre-paid appointment fees may be applied to a future appointment.

I agree to having my temperature taken prior to getting on the massage table, and my temperature will be recorded in the chart notes. I agree to the requirement of wearing a mask while in the office and may also wear safety glasses as provided that have been sanitized for my protection.

I affirm that I, as well as household members, have not been diagnosed with Covid-19 within the last 30 days. I understand that blood clotting can be a side effect of Covid-19, which can increase risk of stroke, and massage increases blood circulation. It is important to check with a doctor before resuming massage after recovery from Covid-19.

I affirm that I, as well as household members, have not knowingly been exposed to anyone with Covid-19 within the last 21 days.

I affirm that I, as well as my household, have not traveled to any place that is considered a “hotspot” for Covid-19 within the last 14 days.

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

I understand the risk that I am taking by being a willing participant to receive a massage in this facility today and I accept ALL responsibility in the event I test

Initial _____

positive at any time following my massage. I also agree to inform Karen Asbury, LMT if I test positive in the next 14 days or learn that I had been exposed in the 14 days prior to my massage by someone who tested positive for Covid-19.

By signing below, I agree to each of the above statements and release the massage therapist, Karen Asbury, LMT and business from any and all liability for the unintentional exposure or harm due to Covid-19 or any other communicable diseases.

Your massage therapist agrees she abides by these same standards and affirms the same. She also affirms that she has improved and expanded her sanitation protocols to more thoroughly fight the spread of Covid-19 and other communicable diseases.

Date: _____

Signed: _____

Printed Name: _____

For Office Use:

Temperature Reading: _____

Record PPE Variances: _____

Notes: _____