

COVID – 19 Consent Form

Based on the available information as of April 28, 2020 Date provided by the Province of Manitoba, the Government of Canada, and the Massage Therapy Association of Manitoba, the best course of action to prevent the spread of COVID-19 is to practice physical distancing, social quarantine and self isolate and self-monitor as needed.

I understand that I must disclose if I:

1. Have one or more of the below symptoms:
 - o Fever, cough, sore throat, shortness of breath/breathing difficulties
 - o Other symptoms such as muscle aches, fatigue, loss of smell or taste, headache, runny nose, hoarse voice, nausea, vomiting or diarrhea
2. Have travelled outside of Manitoba in the last 14 days
3. Have had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever who has travelled outside of Manitoba within 14 days prior to their illness onset (contact may be in Canada or during travel)
4. Have been in contact in the last 14 days with someone who is confirmed to be a case of COVID19
5. Have had laboratory exposure while working directly with specimens known to contain COVID19

I (print name _____) have been made aware of the above-mentioned recommendation and have disclosed all information as requested above to the best of my ability. I have read, and have had an opportunity to discuss the risks and benefits of proceeding with massage therapy treatment with my RMT. I understand that despite the RMT's best efforts to take appropriate precautions, that there is a possibility that I could come in contact with the COVID-19 virus during the course of my massage therapy treatment. I agree that Lindsay Penner, will not be held responsible or liable of any COVID-19 related injuries or illnesses which include but are not restricted to acute or chronic respiratory, cardiovascular, immune system conditions and/or death as a result of this from this or future massage therapy treatments provided by Lindsay Penner.

Signed:

_____ Date: _____

(NAME – RMT/Body Sugarist):

_____ Date: _____