

# Touch Fitness: Check-In Screening Protocol

## COVID-19 Information & Informed Consent

Practitioner Name: Sherrin Bernstein, LMT

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am asking clients to wear masks during all treatments, as well as on the premises and in the treatment room. If you do not have a mask, we will reschedule your appointment. Do you have one with you today? Yes  No

If this is a house call, no children, elderly or immune compromised are permitted in or around the treatment room. Will you agree to that today? Yes  No

As a reminder, we will both wear our face coverings over our nose and mouth throughout our session today. Do you have any concerns and/or questions regarding this? \_\_\_\_\_

Please answer a few questions before we proceed.

1. Have you had a fever in the last 24 hours of 100°F or above? Yes  No
2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Yes  No
3. Do you now, or have you recently had, any chills, muscle aches, new loss of taste or smell, or new rashes or lesions? Yes  No
4. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes  No

(If you answer yes to any of these, we will cancel the appointment without penalty and reschedule)

Do you have any questions for me?

\_\_\_\_\_  
\_\_\_\_\_

### Consent for Treatment

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature (in case of a minor): \_\_\_\_\_ Date: \_\_\_\_\_

*PPE Variances: Notes for the client's file regarding any variances in PPE use (e.g. use of gloves at client's request, client had discomfort wearing mask in prone position and removed mask for approx. X minutes, client asked for side-lying positioning instead of prone work because of mask discomfort in face cradle, etc.)*

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