

Covid-19 Intake / Consent to Treat – Returning Clients

This form is for clients that have received treatment from Deborah Kimmet prior to the pandemic. Please note that as information about COVID-19 changes and CDC requirements change, this document will be revised. Revision Date 10/08/2021

Name _____ Date: _____

SECTION 1. NEW Health Issues? Have you had any new health issues since your last treatment? Please detail them below.

SECTION 2. COVID-19 Related Health Issues

Have you ever been diagnosed with COVID-19? Yes No When were you diagnosed? _____

Do you believe you've had an undiagnosed case of COVID-19? Yes No When? _____

If the answer to either question was Yes, please answer the following questions. Otherwise skip to the next section.

1. What does your medical doctor say about your risk of communicability?

2. What does your medical doctor advise about getting physical activity?

3. What do you do in terms of physical activity?

4. Since your infection: Yes No

- a. Do you have any new skin marks, lesions, discoloration, bumps, or rashes?
- b. Do you have any new experience of severe deep muscle or joint pain unrelated to recent physical activity?
- c. Do you have any new discomfort with exertion (examples: shortness of breath, chest pain, dizziness, headaches, cramping)?
- d. Do you have any heat, swelling, pain, itching or swelling in a leg or elsewhere?
- e. Are you taking any drugs to manage blood clotting?

5. What other long-term consequences of your infection affect your life?

SECTION 3. COVID-19 Screening Questions

These are the questions that you will be asked prior to every session.

If the answer to any of these question is Yes, please reschedule to a date when the answer to all questions is no. If, at any time, the answer changes from *No* to *Yes*, please reschedule.

1. Symptoms: Have you or anyone in your household had **any** of the following symptoms in the last **two weeks**? Yes No
- Cold or flu-like symptoms? (Fever, chills, cough, sore throat, shortness of breath or other respiratory problem)
 - Recent loss of taste or sense of smell?
 - Fatigue?
 - New discomfort with exertion or exercise?
 - Unexplained sores on the feet?
 - Sudden unexplained bruising or rash?
 - Unexplained muscle/body aches or pain?
 - Nausea, vomiting or diarrhea?

If you have been diagnosed with COVID-19 more than two weeks ago: Some of these are “long-hauler” symptoms and do not automatically disqualify you from receiving a session **UNLESS** you are experiencing fever, chills, cough, or sore throat. If you have these symptoms and have been diagnosed with COVID-19 more than two weeks ago, wait to schedule until 24 hours after those symptoms have stopped.

2. Have you or anyone in your household been diagnosed with COVID-19 within the last two weeks or are waiting for the results of a coronavirus test? Yes No
3. Have you knowingly had close contact with or cared for someone within the last two weeks who has been diagnosed with COVID-19 or is exhibiting cold or flu-like symptoms or other COVID-19 symptoms? Yes No
4. Have you been asked to self-isolate or quarantine within the last two weeks? Yes No
5. Have you been unmasked during higher-risk activities in mixed crowds of vaccinated and unvaccinated people OR been in situations where you don't know the vaccination status of those attending? For example: Attending large events, eating indoors at a restaurant, or traveling to a COVID-19 hotspot. Yes No

The day before your appointment, you will be sent a reminder about the COVID questions. How do you want to be contacted? Pick any or all

By Phone Call	By Text	By email
# _____	# _____	email _____

SECTION 4. Vaccination Status

Deborah Kimmet does not discriminate based on vaccination status. However, Deborah's clients include those who are immune compromised. These clients must be protected, and for safety reasons, unvaccinated people are not scheduled adjacent to each other or to immune compromised clients.

Have you received a vaccination? Yes No If yes, which one? _____

If yes: Are you fully vaccinated? Meaning that

For Pfizer or Moderna: Are you at least 2 weeks past the second shot? Yes No

For Johnson & Johnson: Are you at least 2 weeks past the shot? Yes No

Have you had your booster shot? Yes No

Note: Please do not schedule a massage within 2 days of receiving a vaccination due to potential side effects emerging during this window.

If you have had the Johnson & Johnson vaccine and are female between the ages of 18 – 48, please wait 2 weeks before scheduling your massage. If you develop any headaches or dizziness during this two weeks, seek out medical attention immediately.

SECTION 5. Contingency Plans in the Event of Exposure

- If Deborah has been – or suspects she’s been – exposed to COVID-19, all appointments will be cancelled. Deborah will self-isolate until she can obtain testing or be cleared to return to work.
- If a client calls in to report that they’ve tested positive for COVID-19 within 14 days of their massage session, Deborah will contact all clients seen in that window and self-isolate until she can obtain testing and be cleared to return to work.
- If Deborah tests positive for COVID-19, she will inform all clients from the previous 14 days and self-isolate until she can be cleared to return to work.
- If such exposure occurs, the office will be closed until proper cleaning, disinfection, and quarantine protocols can be completed.

SECTION 6. Policies / Consent to Treat

The policies included here are put in place as a safety measure for all of us. Many clients are immune compromised, have a history of cancer, and/or are over age 60. It’s Deborah’s job to protect all of you, and to do that, you also have to protect Deborah. And even though people are more protected if they are vaccinated, a vaccinated person can still contract COVID-19.

Marking each box and signing below means that you have read and agree to all of the following statements:

I understand that COVID-19

- Is extremely contagious and may be contracted from various sources, including droplets and aerosols.
- Has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. In addition COVID-19 may also mimic symptoms of a cold or flu. This coupled with limitations in COVID-19 virus testing means that it may be difficult to determine who is infected with COVID-19 without testing.

I understand that

- Massage therapy may provide an elevated risk of disease transmission, including COVID-19, because of the close physical contact over an extended period of time in a closed space.
- Preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented but these protocols do not fully mitigate the risk of contracting COVID-19.

I understand that masks are required at all times. I also understand that that healthcare facilities can require masks and current CDC guidelines also call for masking when in a confined space for any length of time.

I understand that my name and contact information might be shared with the state/local health department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

I agree to cancel my appointment if I or anyone in my household has been ill or if I have been exposed (or suspect that I've been exposed) – even if it appears to be “just a cold.” The symptoms of COVID-19 are similar to a cold or flu.

The cancellation policy will be waived when illness is involved provided that I give advance notice – even if the notice of cancellation is just a few minutes ahead of time. But I agree to provide more notice if I can.

I also understand that if I arrive at the office and I am ill or the screening questions indicate that I should not receive a session, the session will be cancelled and I will be charged for the session time.

I agree that it is not unreasonable to wait two weeks before receiving massage therapy if I have participated unmasked in higher-risk activities in mixed crowds of vaccinated and unvaccinated people or situations where I don't know the vaccination status of those attending.

I agree that If Deborah or I test positive for COVID-19 (or have been exposed to COVID-19) within the 14-day window of our appointment, *OR* if either of us is showing any apparent symptoms, we will notify the other.

I understand that I am the decision maker for my health care. To the best of her ability, Deborah Kimmet will provide me with information to assist me in making informed choices which also involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic.

I understand that I can ask for and receive a copy of this consent form or I can access it from <https://www.debkimmet.com/client-resources.html> (COVID form for returning clients)

By signing this form,

- I have read, or have had read to me, the above COVID-19 risk information and I have also had an opportunity to ask questions about its content.
- I acknowledge that it is not possible to consider every possible complication to care.
- I acknowledge that I am aware of the risks involved and assume the risk of becoming infected with COVID-19 through this treatment.
- I understand the importance of disclosing my health history: Massage therapy may be contraindicated or accommodations may be required when certain healthcare conditions are present. I affirm that I have answered all questions in this form completely and truthfully and understand that there shall be no liability on the practitioner's part should I fail to do so.
- I acknowledge the risks involved in treatment and give my express permission to Deborah Kimmet to proceed with providing care.
- I agree to abide by the policies in this document.
- I agree with the current or future recommendation to receive care as is deemed appropriate for my circumstance.
- I intend this consent to treat to apply to any sessions from Deborah Kimmet from the date indicated below and any future sessions.

Client Signature* _____ Date _____

Consent to Treatment of Minor:

By my signature below, I hereby authorize Deborah Kimmet to administer massage therapy, bodywork, movement education, and exercise to my child or dependent as deemed necessary.

Signature of Parent or Guardian* _____ Date _____

*A typed full name is also a valid signature.