



I, \_\_\_\_\_, knowingly and willingly consent to have myofascial therapy treatment completed during the COVID-19 pandemic.

I understand then COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

I confirm that I am not presenting nor have I presented any of the following symptoms of COVID-19 listed below in the past 14 days:

- Fever
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat

\_\_\_\_\_ (Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus and the CDC recommends social distancing of at least 6ft for a period of 14 days to anyone who has, and this is not possible with manual therapy. \_\_\_\_\_ (Initial)

- I verify that I have not traveled outside the United States in the past 14 days. \_\_\_\_\_ (Initial)
- I verify that I have not traveled domestically within the United States by commercial airline, bus, train and car within the past 14 days. \_\_\_\_\_ (Initial)

Since the nature of our work deals directly with the body, we must respond following the CDC and OSHA guidelines that relate to practice in our offices.

As health care professionals, we believe that it is our responsibility to respond in a manner that prioritizes the health and well-being of our community, and we feel that this is the best way we can do so.

Thank you for your cooperation in this matter.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_