

BLUE PEARL MEDICAL MASSAGE, LLC  
1101 Cardenas Dr NE #102, Abq, NM 87110  
**Health Information–COVID-19 Information & Liability Waiver**

**Client Name:** \_\_\_\_\_

Date: - -2020

**COVID-19 Information**

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, rash, cough?    **Yes No**
3. 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**
4. Have you traveled out of state in the last 14 days    **Yes No**

**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:**

Parent or Guardian Signature (in case of a minor)

Date: - - 2020