



SoulFire Healing Arts

One spark, igniting one passion, can light the world.

COVID-19 Information & Liability Waiver

Name: _____ Date: _____

COVID-19 Information

1. Have you had a fever in the last 24 hours of 100.4°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. 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 in the past 14 days either: Yes No
 - i. Internationally (outside of the U.S.)
 - ii. By cruise ship, or
 - iii. Domestically (within the U.S.) outside of NH, VT or ME on public transportation (bus, train, plane, etc)

Consent for Treatment and Release of Information

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 of 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.

I understand that my name and contact information might be shared with the state 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 appropriate for follow-up by the health department.

Client Signature: _____

Date: _____