

**TSAWWASSEN
MASSAGE THERAPY
COVID-19 Patient Intake Consent**

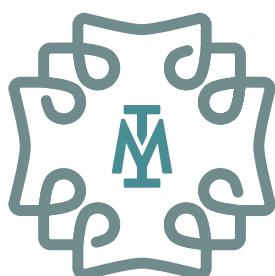
Yes____No_____	Do you have a fever, a new cough, a worsening chronic cough, shortness of breath or difficulty breathing?
Yes____No_____	Have you had close contact with anyone with acute respiratory illness?
Yes____No_____	Have you travelled outside of Canada in the past 14 days?
Yes____No_____	Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?
Yes____No_____	Do you have 2 or more of the following symptoms: Sore throat, runny nose/sneezing, nasal congestion, hoarse voice, difficulty swallowing, decrease or loss of sense of smell, chills, unexplained fatigue/malaise, diarrhea, abdominal pain, or nausea/vomiting?
Yes____No_____	If you are over 65 years of age are you experiencing any of the following: delirium, falls, acute functional decline, or worsening of chronic conditions?

I understand that while Tsawwassen Massage Therapy is following all of the health and safety guidelines outlined by the Registered Massage Therapists Association of British Columbia, the College of Massage Therapists of British Columbia, and the Provincial Health Officer and that they are taking all reasonable precautions to clean and disinfect the clinic and all the surfaces within the treatment rooms, there are no guarantees that I may not come into contact with COVID-19.

Signature_____

Name (printed)_____

Date: _____



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