

## COVID-19 Health Survey + Assumption of Risk & Liability Waiver

Client name: \_\_\_\_\_ Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

This document contains important information about your decision to receive services in light of the COVID-19 public health crisis. Please read and fill out this form carefully and let me know if you have any questions.

### COVID-19 Health Survey

Please answer these COVID-19 health questions below:

1. Have you been diagnosed with COVID-19? Yes  No   
If yes, can you provide evidence that you have been cleared as non-contagious by state or local health authorities? Yes  No
2. Have you had a fever in the last 24 hours of 100°F or above? Yes  No
3. Do you now, or have you recently had, any respiratory or flu symptoms (including fever, chills, sore throat, cough, congestion/runny nose, muscle/body aches, headaches, fatigue, or shortness of breath/difficulty breathing)? Yes  No
4. Have you had a new loss of sense of taste or smell? Yes  No
5. Have you had any new gastrointestinal complaints not related to another health condition (including abdominal pain, diarrhea, appetite loss, nausea, or vomiting)? Yes  No
6. 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
7. Have you traveled anywhere outside of the state in the last two weeks? Yes  No   
Location: \_\_\_\_\_

### ***The following questions are specific to aspects of COVID-19 involving blood coagulation:***

8. Can you exercise to get your heart rate and respiratory rate up without any problem? Yes  No
9. Have you had a new onset of muscle aches and pain since the emergence of the virus? Yes  No
10. Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin? Yes  No
11. Have you noticed any subtle or obvious leg pain, discoloration, or swelling? Yes  No

### Assumption of Risk & Liability Waiver

*I confirm and understand the following:*

The novel coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). COVID-19 is extremely contagious and may be contracted from various sources. COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. Federal, state, and local governments and federal and state health agencies recommend social distancing and have limited and/or prohibited gatherings of people. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

I voluntarily seek the services and treatment provided by Zinnia Su, LMT, CCST and acknowledge that I am increasing my risk of exposure to COVID-19 and other contagious diseases. I agree that Zinnia Su, LMT, CCST and any additional practitioners/business owners sharing the same treatment space cannot be held liable for any exposure to COVID-19, or any other contagion, that might occur during the course of treatment.

Preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I understand that Zinnia Su, LMT, CCST cannot guarantee that I will be protected from COVID-19 and that the risk of exposure to and/or infection by COVID-19, or any other contagious disease, may result from the actions, omissions, or negligence of myself and others, including but not limited to, Zinnia Su, LMT, CCST; any additional practitioners/business owners sharing the same treatment space; other clients and their families. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to Zinnia Su, LMT, CCST, and to any additional practitioners/business owners sharing the same treatment space, to proceed with providing care to myself and to each of their respective clients.

I agree to comply with all instructions and protocols, including but not limited to those outlined below, to help reduce the spread of COVID-19 while receiving treatment or services from Zinnia Su, LMT, CCST:

- I must put on a face mask or cloth face covering before entering the premises and I must keep it on at all times.
- Upon arrival for each treatment session, I agree to:
  - wash my hands thoroughly
  - have my temperature taken and recorded
  - answer basic health questions to evaluate my current COVID-19 risk/exposure

I further attest that:

- I am following all CDC recommended guidelines as much as possible and limiting my exposure to COVID-19.
- I will notify Zinnia Su, LMT, CCST immediately in the event that I, or anyone I am in contact with, contracts COVID-19.

I knowingly and willingly consent to treatment from Zinnia Su, LMT, CCST and voluntarily assume the risks associated with receiving care during the COVID-19 pandemic. In addition, I agree to assume sole responsibility for any personal injury, illness, permanent disability, or death as well as any damage, loss, claim, liability, or expense of any kind that may result in connection with the treatment or services provided by Zinnia Su, LMT, CCST. I appreciate that it is not possible to consider every possible complication to care. I agree with the current or future recommendation to receive care as is deemed appropriate for my circumstance. I intend this consent to cover all treatment or services from Zinnia Su, LMT, CCST for my present condition and for any future condition(s) for which I seek care from Zinnia Su, LMT, CCST

I hereby forever release and hold Zinnia Su, LMT, CCST and any additional practitioners/business owners sharing the same treatment space harmless from, and waive on behalf of myself and my heirs and personal representatives, any and all liabilities or claims that may arise from, or in connection with, any treatment or services received. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease, or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages whether known or unknown, foreseen or unforeseen.

I have carefully read and fully understand all provisions of this release, and freely and knowingly assume the risk and waive my rights concerning liability as described above.

Signature \_\_\_\_\_ Date \_\_\_\_\_