



**MTAS**

Massage Therapist  
Association of Saskatchewan

## **Supplemental Consent form – COVID-19**

Due to the infectious nature of COVID-19, this additional intake form must be completed before each massage therapy session. Please know that people with COVID-19 can be asymptomatic and still be contagious. There is no way to completely protect ourselves from this virus. Ask for the checklist of precautions to see how I am disinfecting my office between sessions. Please answer these questions truthfully and do everything asked so we can do our best to protect each other. Thank you!

### **1. Testing status.**

Have you been tested for COVID?    Y/N    The antibody?    Y/N  
When? \_\_\_\_\_    What were the results? \_\_\_\_\_

### **2. Symptoms.**

Are you experiencing fever?	Y/N	Chills?	Y/N
Temperature reading: _____		Nasal or sinus congestion?	Y/N
Cough?	Y/N	Sudden onset body aches?	Y/N
Sore throat?	Y/N	New rash or other changes to your skin?	Y/N
Shortness of breath?	Y/N	Have you been doing regular cardio exercise?	Y/N
Sudden loss of taste and smell?	Y/N		
Fatigue?	Y/N		

**3. Exposure:** Are you aware of having been exposed to someone with COVID-19 or anyone who has been exposed to someone with COVID-19?    Y/N

### **4. Travel.**

Have you done any air travel, domestic or international, recently?    Y/N  
Have you traveled to any places with a high infection rate, where people have not been isolating (no stay at home order), or been in any groups of people where social distancing was not observed?    Y/N

### **5. Precautions.**

What precautions have you taken to limit your exposure to the virus? \_\_\_\_\_

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**6. High risk contact.**

Do you spend time around anyone considered high risk, such as elderly with co-morbidities or immunocompromised family members?

Y/N

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**7. Requested Actions**

Are you willing to wash or sanitize your hands upon entering my office and post-massage?

Y/N

Are you willing to wear a face mask at all times in my office and during the treatment?

Y/N