Natural Health Practitioners of Canada
Praticiens de la Santé Naturelle du Canada

COVID-19 Waiver

Due to the COVID-19 pandemic, we are taking extra precautions with the intake of each client. Please answer these questions truthfully so we may continue to do our best to stop the spread.

Symptoms of COVID-19 may include:

- fever
- fatigue
- dry cough
- difficulty breathing
- sore throat
- loss of smell or taste

I, _____, accept the following affirmations
(print your name)

when engaging in a treatment from _____:
(print your NHPC practitioner's name)

- I understand the above symptoms and affirm that I, as well as all members of my household, do not currently have nor have experienced COVID-19 symptoms within the last 14 days.
- I affirm that I, as well as all members of my household, have not been diagnosed with COVID-19 within the last 14 days.
- I affirm that, to my knowledge, I have not been in contact with anyone who has been diagnosed with COVID-19.
- I affirm that **if** I travelled outside of Canada in the last month, I isolated in my home for 14 days upon my return.
- I understand that this business and my NHPC holistic health practitioner (identified above) cannot be held liable should I experience exposure to the virus or any other contagion as a result of my providing misinformation on this form.
- I understand that, because massage therapy and other natural health practices involve maintaining prolonged and close physical contact, 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 and give consent to receive massage therapy and bodywork.

Name:_____

Signature:_____ Date:_____

By dating and signing this page adjacent to the waiver on the left, I acknowledge that I am aware of the risks involved and give consent to receiving massage therapy from Medi Massage.

Subsequent Dates	Signature