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COVID-19 Pre-Screening & Consent Form

By attending my appointment...

I agree that I am not currently experiencing any of these symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Sore throat
- New loss of taste or smell

*Please note: Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

I agree that I have not:

- Tested positive for COVID-19
- Knowingly been exposed to someone with COVID-19
- Recently traveled to an area with a high infection rate
- Been in an area where social distancing was not properly observed
- Been to a nursing home

If you have experienced any of the above, please reschedule your appointment at least 14 days from now. No cancellation fee, no problem.

- **I understand** that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage 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 for appropriate follow-up by the health department.

I agree that I have not experienced any of the above

Print name here: _____

Signature and date: _____