



**Bella Body Spa—COVID-19 Informed Consent Form**  
Important Information about COVID-19, known risk factors, and  
massage therapy.

COVID 19 is present in Pima County as well as around the world. The fact that individuals can feel healthy and free of symptoms during the incubation period while passing it on to others makes this virus a serious public health risk. We can help reduce the spread of coronavirus by following the CDC guidelines: for example, your appointment can be rescheduled for a later time if any high-risk categories apply to you or members of your household. Please complete this questionnaire to acknowledge your understanding of the virus and to screen for risk factors.

This screening list was adapted from the CDC website:  
[www.cdc.gov/coronavirus/2019-ncov/faq.html#high-risk](http://www.cdc.gov/coronavirus/2019-ncov/faq.html#high-risk)

**COVID-19 Risk Factor Screening Questionnaire**

Please check any categories that apply to you.

- I am over 65 years old
- I have lung disease or moderate to severe asthma
- I have heart disease that is not regulated, or with complications
- I am immunocompromised, or going through cancer treatment
- I have a history of blood clots or am at high risk for blood clots
- I have other conditions, such as diabetes, renal failure, or liver disease
- I am pregnant or trying to become pregnant
- I have travelled out of the country within the last 15 days
- I have been exposed to someone who has tested positive for COVID 19 within the last 15 days
- I live in a nursing home or long-term care facility
- None of these categories apply to me
- I have been vaccinated against COVID-19

**Please read and sign the statement below**

I understand that COVID 19 is a highly contagious respiratory infection that is potentially life threatening in individuals with the risk factors listed above. I am aware that my massage therapist may decide to reschedule if I have been sick, febrile, or have any of the above listed risk factors according to his or her discretion. I have had the opportunity to ask questions and seek clarification with my massage therapist. I also have a clear understanding that both myself and my therapist are accepting the potential risks of touch-based therapies, and I will not hold my therapist or Bella Body liable if I acquire COVID 19.

Signature\_\_\_\_\_

Printed Name\_\_\_\_\_

Today's Date: \_\_\_\_\_