



COVID19 Safety Form

Additional Health Questions:

- Have you had a fever in the last 24 hours of 100°F or above? Y/N
- Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, cough, or shortness of breath? Y/N
- Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Y/N

Modified Cancellation Policy

24-hour advance notice is required when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24-hours advance notice you will be charged the full amount of your appointment. *If you are experiencing respiratory or flu like symptoms including, fever, cough, or shortness of breath you must reschedule your appointment and you will not be charged the cancellation fee. Please give us as much notification as possible.*

I understand that if at anytime in the future I reply yes to any of the above health questions prior to my appointment in the studio I must call to reschedule my appointment. _____ initial

Consent

I understand that, because acupuncture and massage therapy work involves maintained touch and close physical proximity over an extended period of time, 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 acupuncture and/or massage from a practitioner at The Womb Wellness Center.

Client Name _____

Signature _____

Date _____