mineral bodyworks
massage therapy

# Health and Wellness Waiver

## Health Screening Questions

1. Have you been asked to self-isolate or quarantine by a doctor or a local health official in the last 14 days? (check one) □ YES □ NO

2. Have You experienced any cold or flu-like or any symptoms listed below in the last 14 days? (check one) □ YES □ NO
    - *Fever*
    - *Cough*
    - *Shortness of breath*
    - *Chills and body aches*
    - *Sore throat/Congestion*
    - *Headache*
    - *Loss of taste or smell*
    - *Diarrhea*
    - *Feeling feverish or had a fever of 100 degrees Fahrenheit or higher within 48 hours of the appointment*
    - *Been in close contact with a person confirmed to have COVID-19*

3. Have you had any close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? (check one) □ YES □ NO

## Assumption of Risk, Release, Waiver of Liability

By signing below, I hereby waive all claims, assume all risks, liability and release, and agree to defend Mineral Bodyworks (owners and all employees), from liability for any injury, claim, cause of action, suit, demand, and damages (including but not limited to personal injury & consequential damages), and any reference associated with their therapeutic recommendations.

By signing below, I confirm that all information provided in my health screening are completely accurate to my knowledge and I will follow all new health and safety procedures/polices stated by Mineral Bodyworks that have been shown and/or read to me as of the date listed below and going forward for all future appointments.

Print name: _____

Signature: _____

Date: _____(dd/mm/yyyy)