



## COVID-19 Pandemic Consent to Service Form

For your safety, our safety, and the safety of the community as a whole, we ask that our guidelines/protocols/procedures be strictly adhere to. Should you choose not to comply with these guidelines, we will not be able to see you. This form should be completed and received no later than 24 hours prior to your appointment. Please call or email us at [insyncstaff@gmail.com](mailto:insyncstaff@gmail.com) if you are unable to access and sign form.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Name of Therapist for upcoming visit:** \_\_\_\_\_

- To help prevent the spread of COVID-19, I understand that I will be required to adhere to **In Sync Mind Body Therapy Center's** strict guidelines during the pandemic.  
☐ by checking this box I understand and accept this statement.
- I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of massage/spa services that I have elevated the risk of contracting the virus by merely being at In Sync Mind Body Therapy Center.  
☐ by checking this box I understand and accept this statement.
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I know that the CDC, OSHA, and Illinois state board of cosmetology and massage therapy recommend social distancing of at least 6 feet.  
☐ by checking this box I understand and accept this statement.
- I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it, and who does not give the current limits in virus testing.  
☐ by checking this box I understand and accept this statement.
- Have you traveled internationally or domestically by plane, train, boat, uber or taxi in the past 30 days?  
☐ Yes ☐ No
- Are you currently awaiting test results for COVID-19?  
☐ Yes ☐ No

- Have you been tested for COVID-19, quarantined or has anyone in your household been tested for CCOVID-19 or quarantined?  
☐ Yes ☐ No
- Have you been in close contact with anyone that has tested positive for COVID-19, or has been quarantined?  
☐ Yes ☐ No
- If you have been treated/hospitalized for COVID-19, were there any problems that resulted in the formation of blood clots?  
☐ Yes ☐ No

**(If the answer to the question above is YES, a written release from your doctor will be required before you book an appointment.)**

- Are you or have you or anyone in your household experienced any of the following symptoms in the past 30 days?  
☐ Fever/temperature    ☐ Shortness of breath    ☐ Loss of sense of taste or smell  
☐ Dry cough    ☐ Runny nose    ☐ Sore throat    ☐ Skin lesions

## • **In Sync Mind Body Therapy Center Non-Spread Policy**

- It is a requirement that any person entering our premises wear a mask while inside the building. It is further required that any person entering our premises for any service submit to a temperature check before services begins, I agree not to come to In Sync Mind Body Therapy Center with the above-listed symptoms of COVID-19.

**Note: If you are having any of these symptoms, please seek medical attention.**

- I have read, understood, and completed this questionnaire truthfully. I have also read and understand the new guidelines/procedures/protocols laid out by In Sync Mind Body Therapy Center. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that this document is to provide the best possible guest experience when visiting In Sync Mind Body Therapy Center.\*

• Signature \_\_\_\_\_ • Date \_\_\_\_\_