

COVID-19: Client Intake and Consent

If I have one or more of the symptoms listed below, I will cancel my Rolwing appointment (no cancellation fees apply during COVID):

- Fever or chills
- Cough
- Shortness of breath
- Fatigue
- Sudden onset muscle soreness (not related to a specific activity)
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Digestive upset (nausea, vomiting, diarrhea)
- Rash or skin lesions (especially on the feet)

To my knowledge, I have not had contact with anyone with COVID-19 symptoms for the past 2 weeks.

I do not have regular contact with anyone who is caring for an individual with COVID-19.

I am aware that the risk of infection from COVID -19 increases through close contact with other people, like the level of contact required to provide Rolwing.

I understand that the conditions below might put me at higher risk for severe illness from COVID-19 according to the Centers for Disease Control:

- Asthma
- Chronic kidney disease
- Chronic lung disease
- Diabetes
- Hemoglobin disorders
- Immuno-compromised
- Liver disease
- 65 years of age or older
- Serious heart conditions
- Severe obesity (BMI \geq 40)

I understand that my name and contact information might be shared with the state health department if another client or the practitioner tests positive for COVID-19.

Name: _____ Date: _____

Signature: _____