



Covid-19 Policies and Waiver

- **Covid-19 statement:** As of June 2022, the SARS-2 virus Covid-19 is still affecting North Texas.

At this point, I am allowing clients and visitors to Reconnect DFW to decide whether to wear a mask or not. For the safety of my more vulnerable and immunocompromised clients, I reserve the right to require masks at any point wherein it is evident that Covid-19 is flourishing again.

I shall continue to wear a mask during sessions myself, to run my air purifier, to exercise due diligence with cleaning and disinfecting my treatment room, and to allow ample time in between clients to allow for such cleaning and air turnover.

My interest in your vaccination status and/or prior infection with Covid-19 is due solely to my commitment to provide as safe a massage session as possible for you, while also keeping myself and my other clients as safe as reasonably possible.

Because Covid can cause long-term effects to various systems in the body, it is important that you inform me of any lingering or long-term effects you are experiencing if you have had the virus, so that I can adjust or modify your sessions appropriately.

- **Timing of massage post-vaccination:** It is my policy to have clients *wait at least a week after receiving the Covid vaccine before scheduling any sessions*, in order to give your body time to assimilate the vaccine and to make sure that any side effects are resolved. **Have you received or will you receive a Covid-19 vaccine-- any brand, any dose-- within the seven days prior to your scheduled session?**

Yes, I **have** received or am scheduled to receive a Covid vaccine **less** than one week (7 days) before my scheduled session (I will contact you to reschedule)

No; I have not received a Covid-19 vaccine within the 7 days prior to my scheduled session.

- **Timing of massage post-illness:** It is my policy to have clients wait at least two weeks past a positive Covid test without symptoms or at least two weeks past the point of symptoms beginning. Besides the potential for spread of the virus, if the virus is raging in your body, massage is contraindicated for your own safety. If you are still feeling very ill, please do not come in until you are feeling better. "Long Covid" is a different matter; if you had the virus more than a month ago and are still experiencing its effects, please let me know so we can plan accordingly.

That said, have you had Covid-19 that you know of?

No Yes, more than a month ago Yes, within the past month but not the past two weeks.

If you have had Covid, are you experiencing any long-term or lingering symptoms? Please detail them here.

******* I reserve the right to refuse service to any client who refuses to comply with my Covid policies. Any client who shows up at my office with symptoms of illness and/or who refuses to wear a mask* will be sent home and required to pay the full amount of the scheduled session cost. *******

*unless previously discussed and a plan has been established in writing

Please check the boxes to indicate your understanding of, and agreement to, the following statements:

→ I understand and agree to abide by your Covid-19 protocols, including wearing a mask while in your office and providing the requested information

→ I understand that it is impossible to guarantee "no risk" for catching Covid-19 in any setting, even with the strictest adherence to mitigation protocols. It is my choice to receive massage from Renée C. Houston LMT and I will not hold her responsible if I should come down with Covid-19 after a visit to Reconnect DFW. Furthermore, I agree to inform Renée C. Houston LMT as soon as possible if I should find myself experiencing symptoms of Covid-19 or receive a positive test within a week after visiting Reconnect DFW.

→ I have read, understand, and consent to all statements and policies herein listed, as indicated by my checking the boxes next to them. I acknowledge that typing my name below is the same as placing my signature on a paper form.

Client's Signature: _____
(parent, guardian, or POA if applicable)

Printed Name: _____

Date: _____

Therapist's Signature: _____ Date: _____
(Renée C. Houston LMT)