



## Precautionary Covid-19 Screening Questionnaire

Due to the 2019-20 outbreak of Covid-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below:

### Symptoms of COVID-19 include:

fever (chills, sweats)

cough or worsening of a  
previous cough

sore throat

headache

shortness of breath

muscle aches

sneezing

nasal congestion or runny  
nose

hoarse voice

diarrhea

unusual fatigue

loss of sense of smell or  
taste

red, purple or blueish  
lesions on the feet, toes or  
fingers without clear cause

I, \_\_\_\_\_ agree to the following:

- I understand the above symptoms and affirm that I, as well as all household/bubble members, do NOT currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household/bubble members, have NOT been diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household/bubble members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household/bubble members, have not traveled outside of Atlantic Provinces within the last 30 days.

# Precautionary Covid-19 Screening Questionnaire

## COVID-19 RISK INFORMED CONSENT

I \_\_\_\_\_ understand that I am opting for an elective treatment that is not urgent and may not be medically necessary.

I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact: and, as a result, federal and provincial health agencies recommend social distancing. I recognize that \_\_\_\_\_ (therapist/esthetician) and all the staff at Violet Day Spa are closely monitoring this situation and have put in place mandatory preventative measures aimed to reduce the spread of COVID-19.

Given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment.

I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment, and I give my express permission for \_\_\_\_\_ (service provider's name) and all the staff at Violet Spa to proceed with the same.

I understand that, even if I have been tested for COVID-19 and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID-19 after the test, I understand that, if I have COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment can lead to a higher chance of complication and death.

I understand that possible exposure to COVID-19 before/during/after my treatment may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my elective treatment, I may need additional care that may require me to go to an emergency room or a hospital.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the treatment itself.

I have been given the option to defer my treatment to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired treatment.

By signing below, I agree to each above statement and release my Massage Therapist/Esthetician and Violet Day Spa Inc. from any and all liability for the unintentional exposure or harm due to COVID-19.

All the staff at Violet Day Spa are working hard to follow the safety standards set by The Massage Therapy Association, The Cosmetology Association of Nova Scotia, the Nova Scotia Government and Public Health. We have improved and expanded our sanitation protocols to fight the spread of COVID-19 and other communicable conditions.

\_\_\_\_\_ Patient Initials

**INFORMED CONSENT FOR COVID-19 RISK**

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**I understand the explanation and have no more questions and consent to the service.**

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Patient or Person Authorized to Sign for Patient

Date/Time

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Witness

Date/Time

I have been offered a copy of this consent form (patient's initials) \_\_\_\_\_

*We are constantly monitoring the latest recommendations from Public Health, The Massage Therapy Association of Nova Scotia, and The Cosmetology Association of Nova Scotia. All of the above are subject to change as information is updated. Safety of our staff, their families and our clients come first.*

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