



NEW HEALTH AND SAFETY STANDARDS

As we begin our new Massage Therapy service, we want to tell you about the new infection control procedures we will follow to keep clients and staff safe.

We are following the general pandemic safety provisions of the State of Maryland and Howard County, as well as infection control recommendations made by the U.S. Centers for Disease Control and Prevention (CDC) and the Federation of State Massage Therapy Boards (FSMTB) Massage and Bodywork Guidelines.

SPECIFIC SAFETY STEPS WE WILL FOLLOW FOR ALL APPOINTMENTS at Yoga Revelation include:

- All appointments must be booked at least two hours in advance on the Yoga Revelation website; no walk-in appointments will be accepted. Appointments will be managed to allow for social distancing between patients. That might mean that you're offered limited options for scheduling your appointment.
- A form listing COVID-19 Screening Questions that you will be asked when you arrive for your appointment is posted on our website. Please review these Screening Questions before you arrive and be prepared to answer all questions in writing on arrival. Please bring your own pen.
- The following forms, also posted on the website, should be completed, signed and brought to your appointment for a member of our team to review prior to treatment:
(1) Standard Health History required for massage therapy (initial appointment only);
(2) Informed Consent agreements (for every appointment) regarding risks of COVID-19 infection and sharing of client contact information with State officials in the event of any client or team member becoming infected.
- All clients and team members are required to wear face masks at all times everywhere inside the Yoga Revelations facilities, including during massage therapy sessions. We will provide you with a disposable surgical face mask if you do not bring your own.
- Please arrive at the parking lot 15 minutes early and wait outside the door to the building until your appointment time, NOT in the waiting area inside the entrance.
- A team member will meet you at the door at your appointment time, ask you to use provided hand sanitizer and, if needed, will provide disposable mask, and then check your temperature, ask the Screening Questions and review completed and signed Informed Consent forms, all in the waiting area. Only clients receiving treatment may enter the building unless absolutely necessary; escorts should remain outside.
- After review of Screening and Consent forms, clients meeting all safety requirements will be escorted to their massage treatment room by their therapist to review the Health History and plan and conduct the treatment.
- Clients will be asked to leave the facility as soon as possible after treatment ends, and make future appointments online.

ADDITIONAL SAFETY PROCEDURES we will follow:

- Decontaminate session room air during sessions using portable High-Efficiency Particulate Air ("HEPA") filter units and between clients by opening doors to circulate fresh air.
- Disinfect all high-touch surfaces (surfaces that are handled frequently throughout the day by numerous people) in the waiting area, treatment room and restroom, between clients with an EPA-registered disinfectant.
- Disinfect all massage therapy tools and material dispensers after each client.
- Change all linens between clients and handle and wash all soiled linens using FSMTB safety guidelines.
- Clean all floors (MT room, waiting room, hallway) at the end of the day with EPA-registered cleaner and deep clean the restroom and laundry room at the end of the day
- Therapists will wash their hands with soap and water or apply an alcohol-based hand sanitizer directly before and immediately after each therapy session.
- In the event that a practitioner suspects that they have been exposed to COVID-19 they should self-isolate until they can obtain testing and be cleared of infection.



COVID-19 SCREENING QUESTIONS

Yoga Revelations reserves the right for each massage therapist to require a client to reschedule any massage therapy appointment if that client answers YES to one or more of the following questions immediately prior to that appointment.

1. Is your current body temperature above 100.4°F Check one: YES NO
No-touch thermal temperature scan _____ °F performed by (staff) _____

2. Have you or anyone in your household been tested for COVID-19? Check one: YES NO
If yes, what type of test did you have? _____
When was your test? _____
What were the results? _____

3. Have you or anyone in your household been in contact with any person who has tested positive for COVID-19 or is in quarantine as presumptively positive? Check one: YES NO

4. Have you been in a place with a high infection rate within the last two weeks (e.g., state designated “hotspots”)? Check one: YES NO
If yes, please explain. _____

5. Are you experiencing any of the following as a NEW PATTERN since the beginning of the pandemic: Check one: YES NO
If yes, please check all that apply:

- Fever Chills Cough Sore throat Nasal, sinus congestion
 Diarrhea/digestive upset Loss of sense of taste or smell Shortness of breath
 Fatigue Sudden onset of muscle soreness (not related to a specific activity)
 Rash or skin lesions (especially on the feet)

6. Do you have any new discomfort with exertion or exercise? Check one: YES NO

I declare that the information provided above is true and accurate to the best of my knowledge.

(print name)

(signature)

Massage Client Intake Form

Name _____ Phone (_____) _____ DOB _____

Address _____ City _____ State _____ Zip _____

E-mail: _____

Referred by: _____ Phone (_____) _____

In case of emergency: _____ Phone (_____) _____

Occupation _____ Male Female Physician _____

Health Insurance Carrier _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever experienced a professional massage or bodywork session? Yes No How recently? _____

What are your massage or bodywork goals? _____

What kind of pressure do you prefer? light medium firm

If you answer "yes" to any of the following questions, please explain as clearly as possible.

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you frequently suffer from stress? | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you bruise easily? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No Any broken bones in the past two years? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you experience frequent headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No Any injuries in the past two years? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you pregnant? | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have tension or soreness in a specific area?
Please specify _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from arthritis? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you wearing contact lenses? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you wearing dentures? | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have cardiac or circulatory problems? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have high blood pressure? | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from back pain? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you taking high blood pressure medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have numbness or stabbing pains? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from epilepsy or seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you sensitive to touch or pressure in any area? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from joint swelling? | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? Explain below. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have varicose veins? | <input type="checkbox"/> Yes <input type="checkbox"/> No Other medical condition, or are you taking any
medications I should know about? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any contagious diseases? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have osteoporosis? | Comments _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any allergies? | _____ |

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____



MASSAGE THERAPY INFORMED CONSENT FORM

- (a) I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner.
- (b) I further understand that, unless otherwise directed by their primary healthcare provider, people at higher risk of severe illness from COVID-19 should forgo massage while the virus is present in their communities, including people with any of the following underlying conditions:
- › Age 65 years or older
 - › Chronic lung disease
 - › Moderate to severe asthma
 - › Heart conditions
 - › Compromised or suppressed immunity
 - › Severe obesity (body mass index of 40 or higher)
 - › Diabetes
 - › Chronic kidney disease
 - › Liver disease”
- (c) I also understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

(print name)

(signature)

(date)