

Confidential Health History Form Addendum:

I understand that close contact with people, over an extended period of time (as occurs during therapeutic massage), increases risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and hereby give my consent to receive massage from my practitioner, Sue McPhee. I voluntarily agree to assume those risks, and I release and hold harmless the practitioner, Sue McPhee, from any claims related thereto.

I also understand that my name and contact information *may* be shared with the state health department in the event that a client or the practitioner 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.

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(your signature and date signed)

Testament of having read all documents sent:

I hereby testify that I have read all documents sent to me by Sue McPhee relative to new policies and procedures set in place as of 6/1/2020 due to the COVID-19 pandemic. My signature below indicates my agreement and willingness to comply with said procedures.

(All clients who choose to set an appointment with Sue McPhee for therapeutic massage *must* sign and date this document.)

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(your signature and date signed)