

COVID-19 SALT/SAUNA THERAPY TREATMENT CONSENT FORM

I, _____, knowingly and willingly consent to have salt/infrared sauna therapy treatment during the COVID-19 pandemic.

_____ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

_____ I understand that due to the frequency of visits of other clients, the characteristics of the virus, that I may have an elevated risk of contracting the virus simply by being in the facility.

_____ I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Temperature above 98.7 degrees
- Shortness of breath
- Loss of sense of taste or smell
- Dry Cough
- Sore Throat

_____ I confirm that I have not been around anyone with these symptoms in the past 14 days.

_____ I do not live with anyone who is sick or quarantined.

_____ To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the facility's strict guidelines, as well as the CDC, Federal, State, and Local Guidelines, and maintain social distancing of at least 6 feet.

_____ I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus

_____ I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

_____ I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days.

Sign _____

Date _____