

# COVID-19 Attestation for Structure Bodywork

By signing below you are agreeing that all these statements are true:

You have been practicing social distancing. Everyone in your household has been practicing social distancing. You and your household have been wearing a mask when leaving the home going to public spaces. You consent to having your temperature being taken. You consent to wearing a mask the entire duration of your visit at Structure Bodywork. You understand that by giving false information puts the practitioner at risk and subsequent patients at risk. Though many additional sanitation and protective measures are being implemented, practiced and utilized before, during and after your treatment there is no 100% guarantee of zero risk of exposure to Covid-19. You understand that by receiving treatment today there is a risk of exposure. You acknowledge these risks and are willing to take these risks on your own liability and judgements.

You haven't experienced any of the following symptoms in the last **14** days:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Thank you for understanding new protocols and risk assessments screenings during this time.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_