



Health Questionnaire & Liability Waiver

Name: _____

Date: _____

Have you had a **fever** in the **last 24 hours** of 100°F or above? Temp today: _____

YES

NO

Do you **feel well today**, or have you recently had any **respiratory or flu symptoms, sore throat, shortness of breath** or **loss of taste or smell**?

YES

NO

Have you been **in contact with anyone** in the last 14 days who has been **diagnosed with COVID-19**, or who has **COVID-19-like symptoms**?

YES

NO

In addition to the long-held and explicit sanitation measures The Retreat adheres to, new preventative measures and protocol have been put in place to reduce the spread of COVID-19.

- Best practices still **offer no guarantee regarding our clients' potential risk** of being infected with COVID-19.
- COVID-19 is a **highly contagious virus** that spreads from person to person.
- COVID-19 virus can have a **long incubation period** during which **carriers of the virus may not show symptoms** and still be highly contagious.
- Because services offered at The Retreat involve close physical proximity over an extended period of time, there is an **elevated risk of transmission of COVID-19**.

By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily assume those risks, and I release and hold harmless the provider/therapist and The Retreat (Commons Health & Wellness, LLC) from any claims related thereto. I give my consent to receive treatment from The Retreat providers.

Signature: _____

Date _____

Parent/Guardian (if a minor): _____

Date _____