



## Health Status Screening Form

At Sutherland-Chan, we aim to maintain a healthy environment for our clients and staff.

If you have any of the symptoms mentioned below please call and reschedule your appointment. Massage is contraindicated for fevers and can exacerbate flu-like symptoms.

1. **Have you experienced any symptoms of illness within the past 7 days** (fever, cough, sore throat, runny nose, unexplained extreme fatigue, etc.)?  Yes  No
2. **Have you experienced any symptoms of infection within the last 7 days** (eyes, ears, skin, etc.)?  Yes  No
3. **Are you supposed to be self-isolating per Public Health recommendations?**  Yes  No

*Your Sutherland-Chan massage therapist agrees to abide by the high standards of sanitization and safety set by this clinic. We have improved and expanded our sanitation protocols, both personal and material, to thoroughly fight the spread of transmittable infections.*

*Sutherland-Chan Clinics and my massage therapist cannot be held liable for contagious conditions caused by misinformation given to the therapist by the client or on the health history form provided by each client. By signing below, I release the massage therapist and Sutherland-Chan Clinic Inc. from all liabilities for unintentional exposure to any contagious conditions.*

*I understand that close contact with people increases the risk of infections. By signing this form, I acknowledge that I am aware of the risk involved and give consent to receiving massage treatment from this therapist.*

*I declare that the information provided above is true and accurate.*

_____	_____	_____
<b>Print name</b>	<b>Signature</b>	<b>Date</b>

- ◆ If you answered **“NO” to ALL questions 1 – 3**, and have no symptoms, you may proceed with your appointment.
- ◆ If you answered **“YES” to ANY of the questions 1 – 3**, please reschedule your appointment for at least 11 days from now.