

Informed Consent to COVID-19 Risk

I, _____ (print name), have requested assessment and/or treatment by this Registered Massage Therapist (RMT), Kwok Shum Hubert Mak, during COVID-19 pandemic declared by World Health Organization.

The RMT has explained the following to me and I fully understand the potential COVID-19 risk transmission during assessment and/or treatment:

- Any massage therapy treatment **involves some risk of COVID-19 transmission.**
- The RMT is following protocol to reduce or mitigate risk, but that **risk cannot be reduced to zero.**
- **Consent is voluntary despite some risk.**
- I can **withdraw or alter** my consent at any time.

I voluntarily give my informed consent to the above outlined risk of COVID-19 transmission.

Client Name (print): _____

Client Signature: _____ Date: _____

Ongoing Treatment:

I am aware that the assessment and/ or treatment of the above involves potential risk of COVID-19 transmission which has been discussed with me by my RMT. I confirm that, on the following date(s), the RMT has reviewed the treatment plan and I provide my informed consent.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____