



Inis Spa Consent Form

- Have you had a fever in the last 24 hours of 100°F or above? *(please circle)*
Yes NO

- Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? *(please circle)*
Yes NO

- Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? *(please circle)*
Yes NO

I understand that, because Massage Therapy and Esthetic work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner.

Print Name: _____

Signature: _____

Date: _____