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COVID-19 Pandemic Treatment Consent Form

The Centers for Disease control describes the coronaviruses as a large family of viruses that are common in humans. The newly identified COVID-19 infection can cause mild to severe disease and be fatal in some. Common observed symptoms include fever, cough, shortness of breath, sore throat, and breathing difficulties.

The CDC maintains that the spread of coronaviruses from person-to-person most frequently happens during close exposure to a person infected with COVID-19. Person-to-person spread appears to occur mainly via respiratory droplets produced when an infected person speaks, coughs, or sneezes. These droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs.

Coronavirus can also be spread from person-to-person in people who are asymptomatic.

It is also possible that touching a surface contaminated with the virus and then touching the mouth, nose, or eyes may contribute to transmission.

Body Tonic has implemented the following source control to keep our clients and staff safe, and to limit any exposure or spread of COVID-19, during treatments at this time:

- Wearing face coverings or face masks while in the spa and during treatments as possible
- No one permitted in the spa with a temperature above 100.4
- Anyone with symptoms of Covid-19 will not be treated

I, _____, knowingly and willing consent to treatment by **Dr. Sheldon Rockwood, or any delegated staff of her choosing at Body Tonic**, during the Covid-19 pandemic.

_____ I have been made aware of how Covid-19 may be spread (based on the above information from the CDC), and I fully consent to treatment that will put me in close contact with my provider.

_____ I consent to have my temperature taken before my treatment and I understand that if it is above 100.4 I will be turned away.

_____ I consent to wear a face covering during treatment if my provider requests this



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I confirm the following:

_____ I am not currently taking antibiotics

_____ I do not have cancer, severe asthma, diabetes, chronic lung disease, serious heart conditions, liver disease, I am not currently undergoing dialysis, and I am not immuno-compromised

_____ I have not tested positive for Covid-19

_____ I have not experienced a new onset of fever (above 100.4) within the last 14 days

_____ I have not experienced a new onset of cough or shortness of breath within the last 14 days

_____ I have not travelled to a country with a high-transmission of COVID-19 in the past 14 days

_____ I have not had contact with someone experiencing respiratory symptoms in the past 14 days

_____ I have not had contact with someone who has tested positive for COVID-19

I fully understand the risks associated with being treated at this time, and consent to treatment at Body Tonic by Dr. Sheldon Rockwood, or delegated staff of her choosing.

Client Signature/ Date: _____

Witness Signature/Date: _____