



## COVID-19 Information - New Office Policy

Client Name:

Date:

DOB:

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Please be advised of new policies for this office. Your signature below signifies acceptance of these policies.

### Facemasks

Therapeutic Massage will be requiring all clients to wear face mask coverings when you arrive for your appointment. I too will wear a face mask that completely covers the nose and mouth at all times. This requirement is per The City of Joplin, MO.

### Exhibit C: Additional Requirements for Reopening Personal Services.

**COUNCIL BILL NO. 2020-606    ORDINANCE NO. 2020-048**

### Scheduling Policy

Due to COVID-19, I will be temporarily limiting the number of daily appointments. The health and safety of my clients is very important to me.

I will be scheduling appointments with 30 minutes from the time a client leaves and another client will be allowed to enter the treatment room. This time will be for hygiene and room sanitation protocols as well as personal re-set time. This policy will enable me stagger start times so no client arrivals or departures overlap.

### Cancellation

Amid the ongoing uncertainty of COVID-19, I have modified my cancellation policy to offer greater flexibility to all my clients. I hope this will alleviate any stress and hesitation you have about an upcoming appointment. If you need to reschedule for whatever reason, and especially if you are not feeling well, I understand and request for you to please contact me as soon as possible to reschedule. To further support you, there will be no penalties for cancellations at this time.

### Tardiness

Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment.

### Sickness

Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition with symptoms including but not limited to fever of 100.4 or more, cough, sore throat, shortness of breath, chills or loss of taste or smell.

Signature:

Date:

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