

Covid-19 Screening Questions



Have you been in direct contact with anyone who has had a positive test result for COVID-19 in the last 14 days?

Do you now, or have you recently had any respiratory or flu symptoms, sore throat or shortness of breath?

Are you experiencing any loss of taste or smell?

Can you exercise to get your heart rate and respiratory rate up without any problem?

Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin?

If you answered 'yes' to any of the above, we will reschedule your appointment. As always, if you are not feeling well in any way, we ask that you let us know straight away and cancel your appointment without penalty.

Statement of risk

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that I am the decision maker for my health care. To the best of their ability, my therapist will provide me with information to assist me in making informed choices. This process is often referred to as "informed consent" and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult.

I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to Paradise Day Spas NQ Pty Ltd to continue my treatment.

I knowingly and willingly consent to the treatment with the full understanding and disclosure of the risks associated with receiving care during the COVID-19 pandemic. I confirm that all of my questions were answered to my satisfaction. I have read, or have had read to me, the above COVID-19 risk informed consent to treat. I appreciate that it is not possible to consider every possible complication of care. I have also had an opportunity to ask questions about its content and by signing below, I agree with the current or future recommendation to receive care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all therapists in this spa.

Client Signature: _____ Date: _____