

LIMAHAI

MASSAGE THERAPY

One Kapiolani Building
600 Kapiolani BLVD STE 202 | Honolulu Hawaii 96813
Ph: 808-368-1898 Fax: 808-744-9291

Our Office's COVID-19 Treatment Rules

Due to the current COVID-19 and the stay-at-home order issued by the government, special screening and safe-guards are necessary to continue treatment at our facility.

I _____ (Patient Name) agree to the following (initial below for each statement):

1. _____: I WILL NOT COME IN FOR TREATMENT if **I (or someone in my household) has exhibited ANY** of the following symptoms **in the past 10-14 days**. (Call for screening or rescheduling):

- Fever
- Sore throat
- Cough
- Shortness of Breath

2. _____: I have the responsibility and will notify Limaha'i Massage Therapy (LMT) if I experience any of the above symptoms **up to 14 days after your scheduled appointment**.

3. _____: I will immediately notify LMT if I receive a COVID-19 test and the subsequent results.

4. _____: I will wear a face mask (covering mouth and nose) while in LMT & receiving treatment.

5. _____: I will have my temperature taken at LMT prior to each treatment. If my temperature is at 98.9 or over, my appointment will immediately be rescheduled.

6. _____: I will not take pain medications (Tylenol (Acetaminophen), Aspirin, Advil (Motrin), etc.) 4 hours prior to your appointment.

7. _____: I agree to avoid congregating in the waiting area, I will not bring other people into LMT unless they are my caregiver, I will wait in my car until my scheduled appointment and proceed directly to treatment room immediately after washing my hands or spraying with alcohol.

8. _____: I agree to practice social distancing.

Definition of Social Distancing

- Limit social contact with individuals whom you do not live with.
- Maintain a distance of at least 6 feet apart (2 meters) from others.
- If you do need to meet with people do so in groups of 10 or less (less is better)

- Stay home for 14 days after arrival from travel.
- Self-Monitor for symptoms:
 - Watch for fever, cough, shortness of breath
 - Check temperature twice a day (fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4F (38C) or higher.

Definition of High-Risk Individuals

High-Risk Individual are defined by 3 factors:

1. Age (over 60 years old)

2. Pre-Existing Conditions
 - Heart Disease
 - Diabetes
 - High Blood Pressure
 - Cancer

3. Level of Exposure
 - In close contact with an individual confirmed with COVID-19 in the past 14 days
 - Have traveled in the past 14 days
 - Feverish in the past 14 days

We would like to encourage our elderly (over 70 years old) and immune compromised patients to stay home for now.

Waiver & Informed Consent

Every person, patient and provider should be considered an infectious silent carrier. Universal precautions should always be observed, as a result, our staff will be wearing masks.

Just because you are not defined as a "High-Risk Individual" does NOT mean you are free from risk of health complications due to COVID-19. I understand that going any place or receiving items from an outside source may cause exposure to COVID-19.

I understand the risks associated with receiving treatment; I believe the benefits of treatment outweigh the risk associated with potential exposure to COVID: _____

If we all work together, we can overcome the spread of this virus as well as other infectious diseases. We welcome you to our facility. By signing below, you agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from staff may result in your removal from the premises.

Signature

Date

Print Name