

To best protect your health and the health of others, please fill out this form before each massage and bodywork session. Thank you!

NAME:

DATE:

Have you been tested for COVID-19?
If yes, what type of test did you have?
When was your test?
What were the results?

Have you been in places with a high infection rate within the last two weeks (e.g., state- designated “hotspots”)? If yes, please explain.

Please check if you are experiencing any of the following as a NEW PATTERN since the beginning of the pandemic:

- | | |
|---|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Diarrhea, digestive upset |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Nasal, sinus congestion |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Loss of sense of taste or smell |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Fatigue. | <input type="checkbox"/> Rash or skin lesions (especially on the feet) |
| <input type="checkbox"/> Sudden onset of muscle soreness (not related to a specific activity) | |

Do you have any new discomfort with exertion or exercise?

“I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner.”

Practitioners must also alert clients of procedures related to possible exposure to COVID-19. (Initial)_____

“I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.” (Initial)_____

I declare that the information provided above is true and accurate to the best of my knowledge.

(print name)_____ (signature)_____ (date)_____