Massage Covid-19 Intake Form

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.

I understand that my name and contact information might be shared with the state health department in the event 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.

To protect your health and the health of others please fill out this form.

- Have you been "out of state" for travel in the past 2 weeks? (If yes, please explain).

  Yes ____ No____

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

____Fever ____Nasal sinus congestion

____Chills ____Loss of sense of taste or smell

____Cough ____Fatigue

____Sore throat ____Shortness of breath

____Diarrhea (digestive upset) ____Sudden onset of muscle soreness (not related to specific activity).

____Rash or skin lesions (especially on the feet).

- Do you have any discomfort with exertion or exercise? Yes ____ No ____

- Have you been tested for Covid-19? Yes___ No___
- If yes, what type of test did you have? Test _____
- When did you take your test and what was the result? Date_____ Result _____

If you are showing any symptoms of Covid-19 prior to your scheduled appointment, PLEASE do not come in. Please reschedule you appointment for another date.

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

_____ _____ _____

(Print name) (Signature) (Date)