COVID-19 Information & Waiver Temp_____

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 had a fever in the last 24 hours of 100°F or above Yes No

Have you been tested for COVID-19? Yes No 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.

Do you now, or have you recently had any respiratory or flu symptoms, sore throat, or shortness of breath? Yes No

Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19, or has coronavirus-type symptoms? Yes No

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

__ Fever
__ Chills
__ Cough
__ Sore throat
__ Diarrhea, digestive upset
__ Nasal, sinus congestion
__ Loss of sense of taste or smell
__ Fatigue
__ Shortness of breath
__ Rash or skin lesions (especially on the feet)
__ Sudden onset of muscle soreness (not related to a specific activity)

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

I declare that the information provided above is true and accurate to the best of my knowledge. I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business form any claims related thereto. I give my consent to receive treatment from this practitioner.

_____ _____ _____

Print Name Signature Date