Additional Intake form – COVID-19

Due to the infectious nature of COVID-19, this additional intake form must be completed before each massage therapy session. Please know that people with COVID-19 can be asymptomatic and still be contagious. There is currently no way to completely protect ourselves from this virus. We have implemented extra workplace cleaning and sanitation, according to CDC guidelines, for your protection and ours. We ask that you wash your hands upon entering our facility and wear your face covering while onsite. Please answer the questions below truthfully so we can we can protect one another.

Testing status

1. Have you been tested for COVID? ☐ Yes ☐ No
2. When: Date tested? _____ What were the results? _____

Symptoms:

3. Are you experiencing
   Fever within the last 48 hours?_____
   Temperature (Normal temp should not exceed 100.4 F):_____
   Dry Cough?_____Sore throat?_____Shortness of breath? _____
   Sudden loss of taste and smell?_____
   Nasal or sinus congestion? _____

Exposure

4. Are you aware of having been exposed to someone with COVID-19 or anyone who has been exposed to someone with COVID-19? ☐ Yes ☐ No
5. Have you done any air travel, domestic or international recently? ☐ Yes ☐ No
6. Have you traveled to any places with a high infection rate, where people have not been isolating (no stay at home order), or been in any groups of people where social distancing was not observed? ☐ Yes ☐ No

Precautions

7. What precautions have you taken to limit your exposure to the virus?

_____

8. Do you spend time around anyone considered high risk, such as elderly or immunocompromised family members? ☐ Yes ☐ No If yes, Who_____

Requested Actions

9. Are you willing to wash or sanitize your hands upon entering the session and post-massage?
   ☐ Yes ☐ No
10. Are you willing to wear a face mask during the session?
    ☐ Yes ☐ No

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 and give consent to receive massage and bodywork from this practitioner.

_____ _____

Client Signature Date