

COVID Intake Addendum

Re-Member Massage, LLC
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My goal is to provide the highest quality massage, bodywork and qigong experience to each client I see. To best protect my health and the health of others, please fill out this form before each massage session.

NAME:

DATE:

General Understanding:

“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 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.”

Temperature:

Have you been tested for COVID-19? If yes, what type of test did you have?

When was your test?

What were the results?

Do you have any new discomfort with exertion or exercise?

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

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

(print name) (signature) (date)