



Have you had a fever in the last 24 hours of 100°F or above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Matt Winings, LMT.

Print Name _____

Signature _____

Date _____