

**COVID 19 Intake and Client Consent Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name and Phone Number  
\_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Todays Forehead Temperature Reading \_\_\_\_\_

1. Have you tested positive for COVID 19 YES NO If yes when \_\_\_\_\_
2. Have you had a COVID 19 Antibody Test YES NO  
If yes what were the dates and results \_\_\_\_\_
3. In the last two weeks have you traveled outside of the US, or to areas within the US that have experienced high community spread since January 1, 2020? YES NO If Yes what were the dates and where? \_\_\_\_\_
4. Are you now or have you had close contact with a person who has been confirmed to have COVID-19? YES NO
5. Are you a healthcare worker and have had close contact with a person who has suspected or confirmed COVID-19? YES NO
6. Are you 60 years old or older? YES NO
7. Do you have any chronic medical condition such as diabetes, heart, lung, kidney disease or other chronic conditions not listed? YES NO If Yes what are they? \_\_\_\_\_
8. Do you have a suppressed immune system? YES NO

**For Questions 9-16 If you have answered Yes to any of those questions consult with your doctor before your scheduled massage appointment.**

9. In the past two weeks did you have a fever? YES NO
10. In the past two weeks have you experienced shortness of breath, wheezing or Asthma? YES NO

- 11. In the past two weeks have you had chills?    YES    NO
- 12. In the past two weeks have you had a sore throat    YES    NO
- 13. In the past two weeks have you had sneezing, watery eyes and or sinus pressure/pain that is unusual and not related to seasonal allergies?    YES    NO
- 14. In the past two weeks have you lost your senses of taste and or smell    YES    NO
- 15. In the past two weeks have you experienced headaches, fatigue or weakness or deep body aches.  
YES    NO
- 16. In the past two weeks have you had rash or other changes to your skin?
- 17. Have you been engaging in regular cardiovascular exercise.
- 18. Females Only: Are you or could you be pregnant?    YES    NO

**PLEASE READ AND SIGN**

**I understand that I am voluntarily receiving a massage today and fully aware of the current situation with the COVID-19 virus pandemic and that this virus is communicable and can be deadly. I understand that my Massage Therapist has taken precautions to disinfect/sanitize the room in compliance with the State Health Department of PA and the Centers for Disease Control. I understand that my Massage Therapist will wear a mask during my session and I will wear a mask. I fully understand that even with all of these precautions - there is no way to guarantee 100% safety from virus transmission.**

**I fully understand that I can be Asymptomatic or my Massage Therapist can be Asymptomatic. I fully understand that if my Massage Therapist contracts COVID-19 she will contact me immediately so that I can be tested. If I contract COVID-19, I agree that I will contact her immediately so that she can be tested.**

**Knowing all of this - I fully and knowingly consent to receiving massage and bodywork today and will not take legal action against Fran McCue LMT or Suburban Soul Massage LLC should I become infected.**

**Clients Signature \_\_\_\_\_ Date \_\_\_\_\_**

**I understand that the bodywork, and massage, performed by Fran McCue /Licensed Massage Therapist and Suburban Soul Massage LLC is for the purpose of: stress reduction, pain reduction, relief from muscle and tension.**

**I understand that the Licensed Massage Therapist, do not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of bodywork therapies.**

**I understand that bodywork and massage therapies are not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition(s) that I may have.**

**I have stated all my known physical conditions and medications, and I will keep Fran McCue, LMT, updated on any changes. I will not hold responsible or pursue legal action against Fran McCue LMT and Suburban Soul Massage LCC**

**Clients Signature \_\_\_\_\_ Date \_\_\_\_\_**

