

## COVID19 FORM

1. Do you have any objections to having your temperature taken prior to your service as we require it for safety? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Have you had a cough, sneezing, sore throat, changes in your senses of smell or tastes, stomach pain in the last 2 weeks? Yes\_\_\_\_\_No\_\_\_\_\_ Explain if yes:\_\_\_\_\_
3. Have you been around anyone that was diagnosed with COVID19 in the past 2 weeks? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, were you tested for COVID? Yes\_\_\_\_\_ No\_\_\_\_\_
4. In the past 30 days, have you or any member of your household knowingly been exposed to anyone diagnosed with COVID-19? Yes\_\_\_\_\_ No\_\_\_\_\_
5. Have you self isolated and social distanced over the past month if exposed to someone with COVID? Yes\_\_\_\_\_ No\_\_\_\_\_
6. Have you traveled over the last month? Yes\_\_\_\_\_ No\_\_\_\_\_ If so was it by: Car\_\_\_\_\_ Cruise\_\_\_\_\_ Airplane\_\_\_\_\_ Was it abroad or in a high COVID19 hotspot? Yes\_\_\_\_\_ No\_\_\_\_\_
7. We require masks for the safety of all, do you have objections to wearing or our staff wearing a mask during your service? Yes\_\_\_\_\_ No\_\_\_\_\_
8. We will not be doing any facial, sinus or TMJ services until this virus threat has passed. Do you have any objections to this? Yes\_\_\_\_\_ No\_\_\_\_\_
9. We ask that you come in for your service clean and before your treatment we ask that you scrub your hands thoroughly and if the therapist is more comfortable using gloves while massaging your hands, or sanitizing or skipping your hands, do you have any objections? Yes\_\_\_\_\_ No\_\_\_\_\_
10. I understand that this business and my massage therapist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or health history provided by each client. Yes\_\_\_\_\_ No\_\_\_\_\_

By signing below I agree to each above statement and release the massage therapist and business from any and all liability for the unintentional exposure or harm due to COVID-19. Signature:\_\_\_\_\_ Date:\_\_\_\_\_

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