

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:_____