

Please bring this form with you or allow time prior to your service to fill this out & go over it with your therapist. Please be aware that we reserve the right to refuse you during this time if we feel you are a risk to our staff or if we observe symptoms we deem not to be safe for us or others. We value your health as well as all of our clients and our staff and appreciate your cooperation.

1. Do you have any objections to having your temperature taken prior to your service? Yes_____ No_____
2. Have you had a cough, sneezing, sore throat, changes in you senses of smell or tastes, stomach pain in the last 2 weeks or more than normal? Yes_____No_____ Explain if yes:_____
3. Have you been around anyone that was diagnosed with COVID19 in the past 30 days? Yes_____ No_____
4. In the past 30 days, have you or any member of your household knowingly been export to anyone diagnosed with COVID-19? Yes_____ No_____
5. Have you visited a nursing home, assisted living or hospital within the last 30 days? Yes_____ No_____
6. Have you self isolated and social distanced over the past month?
Yes_____ No_____ Have you been at any gatherings of 10 or more people in the past 2 weeks? Yes_____ No_____

7. 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_____ Where? _____
8. Do you have objections to our staff wearing a mask during your service? Yes_____ No_____
9. We will not be doing any facial or sinus services until this virus threat has passed. Do you have any objections to this? Yes_____ No_____
10. 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 skipping your hands, do you have any objections? Yes_____ No_____
11. 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: _____

Our staff is doing everything possible to secure your safety and taking only the strictest Universal Sanitary Precautions. We ask for our safety that you shower as closely as possible to your appointment and you must wear a mask, we will be wearing a mask through your service to protect you. We are also implementing a protocol to take temperatures prior to your service to protect our staff and the spread to other clients. We do ask if you have any symptoms that resemble a cold, head or chest, or running even a slight fever, call and cancel your appointment at no charge and contact you physician by telephone. This is protection for all concerned and we want your service to be as safe as possible.

Thank you!

Athena K. Bernal (LMBT NC Lic #16520)
Owner