

### **Additional Intake form – COVID-19**

Due to the infectious nature of COVID-19, this additional intake form must be completed before each massage therapy session. Please know that people with COVID-19 can be asymptomatic and still be contagious. There is no way to completely protect ourselves from this virus. Ask for the checklist of precautions to see how I am disinfecting my office between sessions. And please answer these questions truthfully and do everything asked so we can do our best to protect each other. Thank you!

#### **Testing status**

1. Have you been tested for COVID?                      The antibody?
2. When?    What were the results?

#### **Symptoms:**

3. Are you experiencing                      Fever?                      Temperature reading:  
    Cough?  
    Sore throat?  
    Shortness of breath?                      Oximeter reading:  
    Sudden loss of taste and smell?  
    Fatigue?  
    Chills?  
    Nasal or sinus congestion?  
    Sudden onset body aches?  
    New rash or other changes to your skin?  
    Have you been doing regular cardio exercise?

#### **Exposure**

4. Are you aware of having been exposed to someone with COVID-19 or anyone who has been exposed to someone with COVID-19?
5. Have you done any air travel, domestic or international recently?
6. Have you traveled to any places with a high infection rate, where people have not been isolating (no stay at home order), or been in any groups of people where social distancing was not observed?

#### **Precautions**

7. What precautions have you taken to limit your exposure to the virus?
8. Do you spend time around anyone considered high risk, such as elderly with co-morbidities or immunocompromised family members?

#### **Requested Actions**

9. Are you willing to wash or sanitize your hands upon entering my office and post-massage?
10. Are you willing to wear a face mask at all times in my office and during the session?

## Precautionary Coronavirus Liability Release Form

Due to the 2019-2020 outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing

I, \_\_\_\_\_ agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a “hot spot” for COVID-19 infections within the last 30 days.
- 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 the health history provided by each client.

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.

Your massage therapist and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_