**Covid-19 Health and Safety Measures required by State, County and Federal, CDC**

Intake form Addendum: To best protect your health and the health of others please fill out this form before each massage or skin care session thank you.

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

Have you been tested for covid-19?  If yes what type of test did you have?

 When was your test?\_\_\_\_\_\_\_\_\_\_\_\_     What were the results?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Have you been in places with high infection rate within the last 2 weeks?**

**eg state designated "Hotspots “if yes please explain**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check if you are experiencing any of the following as a new pattern since the beginning of the “Pandemic”**

 **Appendix A: Intake form Addendum**

**Fever\_\_\_ Chills \_\_\_Cough\_\_\_\_ Sore throat \_\_\_\_Sudden onset of muscle soreness not related to specific activity\_\_\_\_ Rash skin lesions especially on feet\_\_\_\_ Do you have any new discomfort with exertion or exercise\_\_\_\_ Diarrhea digestive upset\_\_\_\_ Nasal sinus congestion\_\_\_\_ loss of taste or smell\_\_\_ Fatigue\_\_\_\_ Shortness of breath\_\_\_\_**

**I do declare the information provided above is true and accurate to the best of my knowledge. I understand that close contact with people increases the risk of infection from covid-19 by signing this form I acknowledge that I'm aware of the risk involved and give consent to receive massage and or esthetician skin care services which includes waxing and body spa treatments from this practitioner.**

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

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

Name of Practitioner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_