**1-**

Please view, print and complete our **Covid-19 Health and Safety Measures required by State, County and Federal, CDC**

You will need to bring this form with you when you arrive for your appointment. You also have the option of e-mailing both forms to us at [serinasyoga@sbcglobal.net](mailto:serinasyoga@sbcglobal.net) , ahead of time.

The State of California is asking that everyone to wear a mask at business locations if you do not have a mask we will supply you with one when you arrive. We do ask that you wear a mask before entering and exiting. You will not be required to wear a mask when your face down in our face cradle for massage. According to California Guidelines anyone experiencing a breathing restriction whether medical or a mental health issue is will be not be required to wear a mask. Our staff wears a mask the entire time of the Service. We have plenty of fresh air and ventilation at our location, and in our Massage Room.

Our environment is cleaned and sanitized with EPA Approved disinfectant, before and after our clients. This includes floors walls all surfaces and equipment furnishings and all laundry. We will greet you at the door we have sanitizer for your hands, you have the option to use the bathroom, then we will escort you directly to our Massage room.

And most important if you are not feeling well you please cancel your appointment with no additional charge. And thank you for your cooperation, we want you to relax and enjoy your experience.

Thank you and be well~ Serina Owner of Blue Lotus

**2-**

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_