Intake Form Addendum for COVID-19 (Coronavirus)

To best protect your health and the health of others, please fill out this form before each massage and bodywork session. Thank you!

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 a high infection rate within the last two weeks (e.g., 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:

\_\_ Fever\_\_ Chills\_\_ Cough\_\_ Sore throat\_\_ Diarrhea, digestive upset

\_\_ Nasal, sinus congestion\_\_ Loss of sense of taste or smell \_\_ Fatigue

\_\_ Shortness of breath

\_\_ Sudden onset of muscle soreness (not related to a specific activity)

\_\_ Rash or skin lesions (especially on the feet)

Do you have any new discomfort with exertion or exercise?

I declare that the information provided above is true and accurate to the best of my knowledge.

Client Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_