**COVID-19 Intake Form**

Updated November 28, 2020

**Name: Date:**

**To best protect your health and the health of others, please complete this form before each event, class, massage, bodywork, or healing session. This form is completely confidential between Akasha’s Journey and your class instructor or healing practitioner. It will be kept in your personal confidential file that is only stored in our locked file cabinet.**

**This document contains important information about your decision to receive services in light of the COVID-19 public health crisis. Please read and fill out this form carefully and let us know if you have any questions. COVID-19 Information Please answer these COVID-19 health questions below:**

**Have you tested positive for COVID-19 in the last 14 days?** **Yes ☐ No ☐**

**When was your test?**

**Have you been in close contact with confirmed or suspected COVID-19 case in past 14 days?**

**Yes ☐ No ☐**

**Have you or any member of your household or pod traveled anywhere outside of New York State for a period longer than 24 hours within the past 14 days?**  **Yes ☐ No ☐**

**Please specify if you have traveled out of the United States: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the last 14 days, have you or anyone in your household visited…**

**A noncontiguous state** **Yes ☐ No ☐**

**(Contiguous states are Pennsylvania, New Jersey, Connecticut, Massachusetts, Vermont)**

**Any areas within contiguous states including NY which are considered Microclusters Yes ☐ No ☐**

**Have you had a fever in the last 24 hours of 100°F or above?** **Yes ☐ No ☐**

**Do you now, or have you recently had, any respiratory or flu symptoms (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)? Yes ☐ No ☐**

**Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes ☐ No ☐**

**Can you exercise to get your heart rate and respiratory rate up without any problem? Yes ☐ No ☐**

**Akasha’s Journey**

**3066 NY-22, Dover Plains, NY 12522**

**Please check if you are experiencing any of the following as a NEW PATTERN in the last 14 days:**

\_\_ Fever \_\_ Nasal, sinus congestion \_\_ Chills \_\_ Cough

\_\_ Fatigue \_\_ Sore throat \_\_ Diarrhea \_\_ Digestive upset

\_\_ Loss of sense of taste or smell \_\_ Shortness of breath

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

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

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

***(Print Name) (Signature) (Date)***

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Akasha's Journey

Yoga & Barre Waiver & Release Form

Name: DOB: / /

Address:

City: State: Zip:

Phone: Email:

Emergency Contact Name:

Emergency Contact Phone:

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Yoga/Barre is not a substitute for medical attention, examination, diagnosis or treatment. Yoga/Barre is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Akasha's Journey and its instructors.
I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of New York.

Signed Date