

## COVID – 19 Questionnaire and Disclaimer

- Have you had a fever in the last 24 hours of 100° or above?

YES

NO

- Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?

YES

NO

- Have you tested positive for COVID-19 in the last 5 days?

YES

NO

- Have you been in contact with anyone in the last 14 days who has been suspected of having or diagnosed with COVID-19 or has coronavirus-type symptoms?

YES

NO

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and body work from this practitioner.

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Client Signature

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Date

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Client Name – Print