**Covid-19 Client Intake Questionnaire**

To maintain a safe and healthy environment for each other I am using the following questionnaire to determine whether you can be safely treated at this time. Due to how highly contagious COVID-19 is, that it is mainly spread by person to person contact, and that some people have minor or no symptoms, it is necessary to do a risk assessment. If you have a fever or other symptoms you may not receive treatment. Please initial by every statement.

\_\_\_\_\_ I ascertain that I have taken my temperature today and it is normal.

\_\_\_\_\_ My temperature has not been above normal in the past 72 hours.

\_\_\_\_\_ Neither I nor anyone in my household has experienced these symptoms in the past 2 weeks:

 Fever, Cough, Shortness of Breath, Persistent Chest Pain or Pressure, Loss of Smell or Taste

\_\_\_\_\_Neither I nor anyone in my household has been in contact with anyone displaying symptoms

 or testing positive for COVID-19 in the last 2 weeks.

\_\_\_\_\_ Neither I nor anyone in my household has traveled to an area that is considered a “hot spot”

 in the last 2 weeks.

\_\_\_\_\_ I acknowledge I am receiving manual therapy and social distancing cannot be maintained.

\_\_\_\_\_ In the event I contract COVID-19, I will contact my therapist immediately and understand that

 my name and contact information may be shared with state health authorities for the

 purposes of contact tracing based on suspected exposure criteria and follow up.

How are you protecting yourself and others? Initial all that apply. Regular Hand Washing\_\_\_\_\_

 Face Mask\_\_\_\_\_ Hand Sanitizer\_\_\_\_\_ Disinfecting Surfaces\_\_\_\_\_ Social Distancing\_\_\_\_\_

COVID-19 has been declared a worldwide pandemic by the World Health Organization. Federal, state, and local governments and health agencies recommend social distancing. Your massage therapist has put in place preventative measures to reduce the spread of COVID-19; however, your massage therapist cannot guarantee that you will not become infected with COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by receiving manual therapy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my appointment. On my behalf I hereby release, covenant not to sue, discharge, and hold harmless my massage therapist, their massage establishment, and any interested parties from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of my massage therapist or the establishment where massage therapy services are received, whether a COVID-19 infection occurs before, during, or after participation in any massage therapy session.

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_