



COVID-19 Intake Addendum Questions

To best protect your health and the health of others. Please answer these questions via email 24-hours before every session. You can copy and paste the questions and answers in the body of an email and forward it to loosemassagetherapyplus@gmail.com. We aim to decrease health risks while COVID-19 is present in communities.

***Important If you have Symptoms of COVID-19, are waiting for the results of a COVID-19 test, and a positive COVID-19 test; ALL contraindicate massage (meaning you cannot use massage services at this time).**

The CDC states these underlying conditions place people at a higher risk for severe illness from COVID-19:
› **People 65 years or older**› **Compromised or suppressed immunity**› **Chronic lung disease**› **Severe obesity**› **Moderate to severe asthma**› **Diabetes** › **Heart conditions**› **Chronic kidney disease**› **Liver disease**

Are you experiencing any of the following as a NEW PATTERN since the pandemic?

1. Have you been in places with a high infection rate within the last two weeks? If yes, explain.
2. Do you have any new discomfort with exertion or exercise?
3. Do you have a fever or chills?
5. Do you have a cough or a sore throat?
6. Do you have nasal or sinus congestion?
7. Do you have digestive upset or diarrhea?
8. Do you have a loss of sense of taste or smell?
9. Do you have fatigue or shortness of breath?
10. Do you have a sudden onset of muscle soreness (not exercise)
11. Do you have a rash or lesions (especially on the feet)?

“I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive a massage from this practitioner. I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.” I declare that the information provided above is true and accurate to the best of my knowledge”.

(print name)

(signature)

(date)