

COVID – 19 Questionnaire and Disclaimer

- Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, shortness of breath, or have you had a fever in the last 24 hours of 100° or above?

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.

Client Signature

Date

Client Name – Print