



### COVID-19 Intake form

For the safety of your health and others, please be honest with your responses.

Please circle if you are experiencing the following:

**Fever**

**Cough**

**Shortness of breath**

**Sudden loss of taste and smell**

**Sudden onset body aches**

Have you done any air travel domestically or internationally within the past 3 weeks? Y N

Have you traveled to a location within the past 3 weeks that the CDC deemed a COVID-19 hot spot? Y

N

Are you spending time with anyone who is considered high risk? Y N

*Are you willing to have your temperature taken? Y N*

*Are you willing to wear a mask at all times when you're in the office and during your session? Y N*

**If you answered NO to the last two questions, you need to reschedule your appointment.**

I agree not to touch blankets or anything else in the massage room without permission from my therapist.

***I do not hold Stillpoint Massage & Bodywork Studio responsible if I test positive for COVID-19.***

**For your safety, we will sanitize the reception furniture, phones, credit card machine, door knobs and all surfaces in the massage room both before and after your session. Thank you for your cooperation.**

Date\_\_\_\_\_

Signed\_\_\_\_\_

Therapist\_\_\_\_\_