



### COVID-19 CLIENT INTAKE QUESTIONNAIRE

**Initial**

- 1) Current Temperature is \_\_\_\_\_ °F. (taken upon arrival at massage appointment)
  
- 2) My temperature has not been above 99.7 °F in the past 72 hours. \_\_\_\_\_
  
- 3) I, including anyone in my household, have not knowingly been in contact with anyone diagnosed with COVID-19 in the past 14 days. \_\_\_\_\_
  
- 4) I, including anyone in my household, have not had any of the following symptoms in the past 14 days: Respiratory or Flu Symptoms, Fever, Cough, Shortness of Breath, Persistent Chest Pain or Pressure. \_\_\_\_\_
  
- 5) I acknowledge I am receiving massage therapy knowing that social distancing cannot be adhered to during my massage. \_\_\_\_\_
  
- 6) In the event I contract COVID-19, I will notify my therapist as soon as possible. \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LMT Signature

\_\_\_\_\_  
Date