

COVID-19 Screening and Wavier

For all of our safety, please fill this out 24 hours prior to each massage (until further notice).

Be sure that the information you'll give is accurate and complete. Please get immediate medical attention if you have any of the severe COVID-19 signs.

Date

Name

Email

Phone Number

Have you had COVID-19 ?

yes no

Have you, or any household members knowingly been in close contact (within 6ft.) of someone who has had a confirmed case of COVID-19 in the past 14 days?

yes no

Have you been tested for COVID -19 (circle one)

Yes

I tested POSITIVE

Yes

I tested NEGATIVE

NO

I have not been tested

In the past 14 days have you experience any Covid19 symptoms?

yes no

Fever of 101 +

yes no

Unexplained body aches

yes no

Coughing

yes no

Sore throat

yes no

Shortness of breath

yes no

Chills with or without body aches

yes no

Recent loss of sense of smell or taste

yes no

Unexplained sores on soles of feet

yes no

Unusual fatigue

yes no

Non-allergy related runny nose

yes no

I agree that I am providing accurate health information. *

Signature

If you answered YES to any of the above questions, you will be asked to reschedule your appointment for another day. No cancellation fee will be applied, in this case. Thank you for understanding.*

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. *

I understand that AMZ CLINICAL MASSAGE and my Licensed Massage Therapist today cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client. *

I understand that it may be requested, I keep my mask ON during the face up portion of my massage today

By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless AMZ CLINICAL MASSAGE. I give my consent to receive treatment today
