

CLIENT COVID-19 SCREENING FORM

In an effort to maintain a safe and healthy environment for our clients and therapists we have developed the following questionnaire to determine whether you can be safely treated in this office at this time. Due to how highly contagious COVID-19 is and that some people have minor or no symptoms it is necessary to do a risk assessment to protect you, our therapists, and all the clients who are coming for treatments.

We will ask to take your temperature. This is a requirement for you to receive a session. If you have a fever, we will reschedule your appointment. If it is within normal range, we will continue with the screening to make sure it is appropriate to continue with your treatment. Recorded temp _____

1. Have you or anyone in your household come into contact with anyone displaying symptoms or testing positive for COVID-19 within the last 30 days? Yes ___ No ___

2. Have you or anyone in your household traveled outside the country or outside your own city to an area that is considered a "hot spot" within the last 30 days? Yes ___ No ___

3. Have you or anyone in your household exhibited COVID-19 symptoms or tested Positive for COVID-19 within the last 30 days? Yes ___ No ___

4. Have you or anyone in your household experienced the following symptoms in the last 30 days? *(please check all that apply – your therapist will discuss any checked symptoms)*

Dry cough _____	nausea _____	fever _____	back pain _____
Abdominal discomfort _____	loss of smell _____	shortness of breath _____	
Pneumonia _____	atrial fibrillation _____	sore throat _____	
Body aches _____	chills _____	stuffy nose _____	fatigue _____

5. How do you sanitize when you go out? face mask ___ disinfect yourself ___ & surroundings ___

6. Do you practice social distancing? Yes ___ No ___

DISCLAIMER:

Your massage therapist and all therapists of this facility agree to abide by the high standards of sanitizing and safety set by this office. We have improved and expanded our sanitation protocols, both personal and material, to thoroughly fight the spread of COVID-19 and other communicable conditions.

I understand that Russ Medical and Sport Massage Clinic and my massage therapist cannot be held liable for any exposure to COVID-19 or any other contagious condition caused by misinformation given to the therapist by the client or on the health history provided by each client. By signing below, I release the massage therapist and Russ Medical and Sport Massage Clinic from all liability for the unintentional exposure due to COVID-19.

Printed Name: _____, Signature: _____,

Date: _____