



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	_____ Abdominal Discomfort	_____ Pneumonia	_____ Stuffy Nose
_____ Nausea	_____ Loss of Smell	_____ Atrial Fibrillation	_____ Sore Throat
_____ Fever	_____ Shortness of Breath	_____ Body Aches Chills	_____ Fatigue

5. How do you sanitize when you go out?

_____ Face Mask	_____ Disinfect Yourself	_____ Surroundings
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6. Do you practice social distancing?
_____ Yes | _____ No

DISCLAIMER:

Your massage therapists, esthetician and all representatives 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 Somatic Massage Therapy and Spa, all of their representatives, massage therapists and esthetician 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 Somatic Massage Therapy and Spa from all liability for the unintentional exposure due to COVID-19.

Printed Name: _____	Signature: _____	Date: _____/_____/_____
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