



## COVID-19 DISCLOSURE FORM

To best protect your health and the health of others, please fill out this form before each massage and bodywork session. Thank you!

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you been tested for COVID-19?  Yes  No

If yes, what type of test did you have? \_\_\_\_\_

When was your test? \_\_\_\_\_ What were the results? \_\_\_\_\_

Have you been in places with a high infection rate within the last 2 weeks (e.g., state designated "hotspots")?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please check if you are experiencing any of the following as a NEW PATTERN since the beginning of the pandemic:**

Do you have any new discomfort with exertion or exercise?  Yes  No

### APPENDIX A: Intake Form Addendum

- Fever
- Chills
- Cough
- Sore throat
- Diarrhea, digestive upset
- Nasal, sinus congestion
- Loss of sense of taste or smell
- Fatigue
- Shortness of breath
- Sudden onset of muscle soreness (not related to a specific activity)
- Rash or skin lesions (especially on the feet)

I declare that the information provided above is true and accurate to the best of my knowledge.

I give my permission for my name to be released to the Levine JCC for the purpose of being placed on a general COVID-19 contact list. It is to place me getting a massage at my appointment time in that location. I understand none of my medical information will be included.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_