

## Intown Massage COVID-19 Intake & Release Form

Due to COVID-19, Intown Massage is taking extra care to create a safe experience for all. To ensure everyone's safety, including yours, screenings are required of **all** clients for each appointment.

**Have you or any members of your household experienced any COVID-19 symptoms in the last 14 days, including:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fever or chills          | <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Bluish lips or face  |
| <input type="checkbox"/> Congestion or runny nose | <input type="checkbox"/> Headache                                    | <input type="checkbox"/> Persistent pain or pressure in the chest                     |
| <input type="checkbox"/> New cough                | <input type="checkbox"/> New loss of taste or smell                  | <input type="checkbox"/> Red or purple toes   |
| <input type="checkbox"/> Sore throat              | <input type="checkbox"/> Nausea or vomiting                          | <input type="checkbox"/> Bruising, redness, swelling or cramping in lower legs & feet |
| <input type="checkbox"/> Muscle or body aches     | <input type="checkbox"/> Gastrointestinal issues                     |   |
| <input type="checkbox"/> Fatigue                  |  |   |

**Within the last 14 days (please check yes or no):**

Yes  No  Have you or members of your household been in any groups where social distancing was not observed or where basic COVID-19 protocols were not observed?

Yes  No  Have you or anyone in your household been exposed to anyone who has been diagnosed with or advised to be tested for COVID-19?

Yes  No  Has anyone in your household flown commercially or traveled outside of the US?

Yes  No  Are you or anyone in your household currently awaiting results for COVID-19 testing or been diagnosed with COVID-19?

**Within the last year (please check yes or no):**

Yes  No  Have you had or suspect you've had COVID-19 and recovered from it already? This does not preclude a booking/session (for procedural care purposes only).

### **Treatment Consent & Release**

I understand that massage therapy includes maintained touch and close physical proximity over an extended period of time. Because of this, there may be an elevated risk of disease transmission, including COVID-19. 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 Joan Sinrich and Intown Massage from any related claims. I agree to follow all Intown Massage policies – including wearing a mask at all times in the home studio and receiving a temperature check and washing hands (or using hand sanitizer) upon arrival.

Client Name (printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

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