

Intake Form Addendum

Please fill out this form before each massage and bodywork session.
Thank you!

Have you been tested for COVID-19? 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 two weeks (e.g., state- designated “hotspots”)? If yes, please explain (use back if needed).

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

- ☐ 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)

Do you have any new discomfort with exertion or exercise?

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

I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I release Nina Capobianco of legal liability and acknowledge that I am aware of the risks involved and give consent to receive massage from Nina Capobianco. I understand that the health conditions listed below (High Risk Awareness) place me at higher risk for serious COVID-19 infection. If I have one of these conditions I should forgo massage therapy while COVID-19 is still present in my

community or obtain my physician's consent. Should I decide to proceed with massage therapy I assume all risk related to COVID-19 infection.

(print name) (signature)

(date)

High Risk Awareness:

People 65 years and older

Chronic Lung diseases

Moderate to severe Asthma

Cardiovascular conditions

Compromised or suppressed immunity

Severe obesity (BMI 40+)

Diabetes

Chronic kidney diseases

Liver diseases