

# 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.

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*(print name) (signature)*

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*(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