

COVID-19 Pre-Screening Questionnaire:

To best protect your health and the health of others, please fill out this form or wait for the pre-screening call prior to each massage and bodywork session. *Thank you!*

NAME:

DATE:

Please circle/ answer these COVID-19 health questions below:

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Have you been asked to self- isolate or quarantine by a doctor or a local public health official in the last 14 days? Yes No
3. Have you experienced any cold or flu-like symptoms in the last 14 days (*fever, cough, sore throat, shortness of breath, muscle aches, or other respiratory problem*)? Yes No
4. Have you had close contact with or cared for someone diagnosed with COVID-19, or someone exhibiting cold or flu- like symptoms within the last 14 days? Yes No
5. Have you been tested for COVID-19? Yes No If yes, when was your test?
What were the results?
6. Have you traveled anywhere outside of the state in the last two weeks? Yes No

Location: _____

7. Are you considered to be high risk for severe illness from Covid-19? People 65 years or older, Chronic lung disease, Moderate to severe asthma, Serious heart conditions, Compromised or suppressed immunity, Severe obesity, Diabetes, Chronic kidney disease, Liver disease, Sickle cell disease, please see CDC.Gov for full list. Yes No
8. Do you have any new discomfort with exertion or exercise? Yes No

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 Rash or skin lesions (especially on the feet)
- Sudden onset of muscle soreness (not related to a specific activity)