



## Respiratory intake form for Massage

For all of our safety, please fill this out 24 hours prior to each massage (until further notice). Be sure that the information you'll give is accurate and complete. Please get immediate medical attention if you have any of the severe COVID-19 signs.

First Name:	
Last Name:	
Email Address:	
Phone# :	

### In the past 14 days, I have experienced...

	Yes	No
Fever 101°F +		
Unexplained body aches or pain		
Coughing		
Sore throat		
Shortness of breath		
Chills with or without body aches		
Recent loss of sense of smell or taste		
Unexplained sores on soles of feet		
Unusual fatigue		
Non-allergy related runny nose		

By signing this form I agree that the information above is correct.

Signature:	Date:
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