COVID-19 Screening Checklist for Massage Clients

Name **Date**

Service providers are encouraged to screen all clients, daily, upon entering the office and must be asked the following questions below that are based on guidelines from the US Center for Disease Control.

By initialing here_____I agree to provide only correct and truthful information while completing this screening.

I confirm that I am not presenting any of these Covid-19 symptoms_____(Initial)
Cough
Shortness of breath
Temperature (100.4* or greater within the last 14 days)
Feverish
Chills

Have you been in a facility or home with confirmed COVID-19 by lab test within the last 14 days?
YES NO

Have you been with persons with confirmed COVID-19 by lab test within the last 14 days?
YES NO

Have you or anyone in the family (household) traveled outside the US within the past 14 days?
YES NO

Please be aware of new protocols:
A mask must be worn the entire time
Touch free temperature check upon entry
You will immediately wash your hands for 20 seconds or more upon entry of office

*In signing the form below I acknowledge the potential risk to contract the COVID-19 disease during services rendered today and voluntarily agreed to accept services. You also agree and hereby release Sarah Humphrey Massage Therapy from any and all liability associated with your risk to contract COVID-19 (NOVEL CORONAVIRUS)

Client's Full Name: (please print)
Client's Signature Date
Service Provider's Signature Date