



314-017 W. Millbrook Road
Raleigh, NC 27609
919-841-9256
www.bodyelemental.com

To best protect your health and the health of others, please fill out this form before each massage and bodywork session. Thank you!

NAME: _____

DATE: _____

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.

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.

Signature

Date