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

Have you had your Covid-19 Vaccination? If yes, when? Your second shot? If yes, when?

Have you been tested for COVID-19? If yes, when was your test? What were the results?

Please check if you are experiencing any of the following as a NEW PATTERN since the beginning of the pandemic:

- Fever
- Chills
- Dry Cough
- Sore Throat
- Diarrhea, digestive upset
- Nasal/Sinus congestion
- Loss of taste or smell
- Fatigue
- Shortness of breath
- Sudden onset of muscle soreness (unrelated to a specific activity)

I understand that any of these conditions elevates the risk of contracting Covid-19:

- People 65 years or older
- Chronic lung disease
- Moderate to severe asthma
- Heart conditions
- Compromised or suppressed immunity
- Severe obesity (body mass index of 40 or higher)
- Diabetes
- Chronic kidney disease Liver disease

I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner.

I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

I declare that the information provided above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date