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www.backintouchwellness.us

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

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? If yes, please explain.

Has a family member, member of your household or someone you care for been diagnosed with COVID-19? If yes, when?

Have you been asked to self quarantine by a doctor or a local public health official in the last 14 days?

Do you have any new discomfort with exertion or exercise?

Please check if you are experiencing any of the following

- Fever
- Nasal,sinus congestion
- Sudden onset of muscle soreness
(not related to a specific activity)
- Chills
- Loss of sense of taste or smell
- Cough
- Fatigue
- Rash or skin lesions
(especially on the feet)
- Sore throat
- Shortness of breath
- Diarrhea,digestive upset

I declare that the information provided above is true and accurate to the best of my knowledge. I understand and acknowledge that my practitioner is complying with the government mandated guidelines to assure the safety of this session. I understand I am responsible for alerting my practitioner during my session if my health or wellbeing has changed once the massage or bodywork has started. I am aware and understand the risks involved with COVID-19. I am aware I am putting myself at greater risk when engaging in close contact such as massage and body work

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