

**Eastside Wellness Center · COVID-19 Essential Massage Therapy Intake**

This form must be completed and returned in the day **before** your appointment until further notice.  
Please email to [info@eastsidewellnesscenter.com](mailto:info@eastsidewellnesscenter.com) no sooner than 24 hours before your appointment.  
You may alternately print and fax the form to our secure service at 815.642.4686. *Thank you!*

Have you been in places with a high COVID-19 infection rate within the last two weeks, such as state-designated hotspots like churches, protests, beaches? YES  NO

If YES, please explain.

Do you consistently wear a mask when you go out? YES  NO

Have you been asked to self-isolate or quarantine by a doctor or a local public health official in the last 14 days? YES  NO

Have you experienced any cold or flu-like symptoms in the last 14 days, such as fever, cough, chills, and shortness of breath, any respiratory problems, sore throat, and/or a loss of taste or smell?

YES  NO

IF YES, please explain.

Have you had close contact with or cared for someone diagnosed with COVID-19, or with anyone who has exhibited cold or flulike symptoms within the last 14 days? YES  NO

Have you been tested for COVID-19? YES  NO

If YES, what type of test did you have?

When were you tested?

What was the result?

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

Date <--MUST INCLUDE TIME

Printed Name  
Signature

Verified  
Signature Complete this form within 24 hrs of appointment