

Covid-19 questionnaire and waiver of liability for Structure Bodywork

All questions relate to the last **14 days**

Are you feeling well today? Yes No Unsure

Have you experienced any of the following symptoms?

- Cough
- Shortness of breath or difficulty breathing

Or at least **two** of the following?

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Have you been practicing social distancing?

Yes No

Has everyone in your household been practicing social distancing?

Yes No Unsure

Have you been wearing a mask when leaving the home going to public spaces?

Yes No

Are you okay with wearing a mask the entire duration of your visit to Structure Bodywork?

Yes No

May I take your temperature before your appointment begins?

Yes No

To the best of your knowledge you have answered these questions truthfully understanding that by giving false information puts the practitioner at risk and subsequent patients at risk.

Initials _____

Though many additional sanitation and protective measures are being implemented, practiced and utilized before, during and after your treatment there is no 100% guarantee of zero risk of exposure to Covid-19. You understand that by receiving treatment today there is a risk of exposure.

Initials _____

You acknowledge these risks and are willing to take these risks on your own liability and judgements.

Initials _____

I will provide a mask to you prior to entry into office. Please leave the mask on the entire duration of the session and drop off in the ziploc bag into the used receptacle upon exiting. Thank you for understanding new protocols and risk assessments screenings during this time.

Print Name _____ Signature _____

Date _____