COVID-19 SCREENING FORM

PLEASE READ! Your Massage Therapist or Yoga Instructor will obtain verbal consent to the following prior to your massage or yoga class:

Symptoms of COVID-19 Include:
- Fever or chills
- Fatigue/muscle or body aches
- Dry cough/ sore throat
- Shortness of breath
- Difficulty breathing
- Recent loss of taste/smell

1. I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.

2. I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 16 days.

3. I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 16 days.

4. I understand that this business, LoDo Massage LLC and my Massage Therapist and/or Yoga Instructor cannot be held liable for any exposure to the virus or any other contamination caused by misinformation on this form.

5. By entering this massage or yoga class, I agree to each of the above statements and release the massage therapist, yoga instructor, LoDo Massage LLC and the business from any and all liability for the unintentional exposure or harm due to COVID-19.