



J'L COVID-19 Intake Form

J'L COVID-19 intake form contains important information about your decision to receive massage services in light of the COVID-19 public health crisis. Please make sure to wear a face mask and use the hand sanitizer when you enter the center (We offer the hand sanitizer in reception area). Please read and fill out this form carefully and let us know if you have any questions.

Client Name : _____ Date : _____

Preferred Phone Number : _____ Email address : _____

COVID-19 Information

Please answer these COVID-19 health questions below:

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Do you now, or have you recently had, any respiratory or flu symptoms (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)? Yes No
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes No
4. Have you traveled anywhere outside of the state in the last two weeks? Yes No

Location: _____

5. Have you had a new loss of sense of taste or smell? Yes No
6. Have you had a new onset of muscle aches and pain since the emergence of the virus? Yes No
7. Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin? Yes No

I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I hereby acknowledge and assume the risk with COVID-19 through my treatment and give my permission to J'L Relax Center and the staff to proceed with massage services. I confirm all of my questions were answered correctly.

Client Signature : _____ Date : _____