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Health History – COVID-19

In order to adequately protect your health and the health of others, I have prepared this as an addendum to my regular health history intake. I'll ask you to complete this prior to each massage/bodywork session. THANK YOU!

NAME: _____ DATE: _____

Please check if you currently are experiencing any of the following as a NEW PATTERN since the onset of the COVID-19 pandemic.

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Nasal, sinus congestion | <input type="checkbox"/> Sudden onset of muscle soreness
(not related to specific activity) |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Loss of sense of taste or smell | <input type="checkbox"/> Rash or skin lesions
(especially on feet) |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Discomfort with exertion or exercise | |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Shortness of breath | |

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

Have you had close contact with or cared for someone diagnosed with COVID-19, or someone exhibiting cold or flu-like symptoms within the last 14 days? _____

Have you been in places with a high infection rate within the last 2 weeks (i.e., state-designated "hotspots")
_____ If so, please explain:

Have you been tested for COVID-19? _____ If so:

When was your test? _____

What were the results?

Thanks you for your

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

(please print)

(signature)

(date)