

COVID-19 QUESTIONNAIRE

As part of our precautions due to the COVID-19 crisis, please complete the following and sign below.

Symptoms of COVID-19 include:

- Fever
- Respiratory or Flu symptoms
- Sore Throat
- Shortness of Breath
- Difficulty breathing
- Dry Cough
- Chills
- New widespread muscle aches/pain
- Loss of taste & smell
- New Rashes
- Nausea or Vomiting
- Diarrhea
- Confusion
- Headaches
- Fatigue
- Bruising, redness, swelling or cramping in lower legs and feet
- Red or purple toes

Please initial each statement below:

____ 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**.

____ I affirm that I (as well as all household members), **have not been diagnosed with COVID-19** within the last **30 days**.

____ I affirm that I (as well as all household members), **have not knowingly been exposed to anyone diagnosed** with COVID-19 within the last **30 days**.

____ I affirm that I (as well as all household members), **have not traveled outside of the country, or to any city** outside of our own **that is or has been considered a "hot spot"** for COVID-19 infections within the last **30 days**.

____ I affirm that I (as well as all household members), **have not traveled by airplane, train or mass-transit** within the last **30 days**.

____ I understand that Lucas & Lucas, LLC and my massage therapist and/or doctor of chiropractic cannot be held liable for any exposure to the virus responsible for COVID-19 or any other contagion caused by misinformation on this form or the health history provided by any client.

By signing below, I agree to each above statement and release the massage therapist and/or doctor of chiropractic and Lucas & Lucas, LLC from any and all liability for the unintentional exposure or harm due to COVID-19.

Printed Name _____

Signature _____

Date _____