AYNI HEALING OASIS, LLC

Client Name: _____

Date of Session:		
-Recorded Body Temperature		

1. Do you currently, or have you in the past few days experienced:

Symptoms:	Y	/ N	Y/N									
Fevers & Chills												
Cough												
Shortness of Breath / Difficulty Breathing												
Fatigue												
Muscle or Body Aches												
Headaches												
Loss of Taste or Smell												
Sore Throat												
Congestion or Runny Nose												
Nausea or Vomiting												
Diarrhea												

2. In the past 14 days I have:

Been exposed to individuals diagnosed as positive with COVID-19		
Been providing care to family members and/or friends suffering from respiratory illnesses such as a cold, flue, pneumonia or COVID-19		
Tested positive with COVID-19		
Tested positive with COVID-19 antibodies		

3. The therapist has advised me as to the symptoms associated with COVID-19, and if any of conditions for service are present, treatment will automatically be cancelled/postponed until I can provide proof of having tested with a negative result.

Been exposed to individuals diagnosed as		
positive with COVID-19		

The answers above are true and I fully understand that there is a potential risk of contracting the Corona Virus (Covid-19) when receiving massage/bodywork <u>AND</u> I am not jeopardizing the therapist, their practice or future clients.

Client's Signature:	Please initial	Please initial				