



SoulFire Healing Arts

One spark, igniting one passion, can light the world.

COVID-19 Questionnaire

1. Do you now, or have you had in the last 24 hours, any respiratory or flu symptoms, sore throat, shortness of breath, 100.4°F or above, or any other potential symptom of COVID-19? **Yes** **No**

2. Have you been in close contact with anyone in the last 10 days who is suspected or confirmed to have COVID-19? **Yes** **No**

NOTE: Healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” to this question.

3. Have you traveled in the past 10 days either: **Yes** **No**

- i. Internationally (outside of the U.S.)
- ii. By cruise ship, or
- iii. Domestically (within the U.S.) outside of New England

NOTE: You do NOT need to quarantine for 10 days or get tested for COVID-19 if either of the following apply:

1. You are fully vaccinated against COVID-19 and more than 14 days have passed since you received the second dose of your COVID-19 vaccine.
2. You have previously tested positive for active COVID-19 infection (by PCR or antigen testing) in the last 90 days (if you had a previous infection that was more than 90 days ago, you must still follow all quarantine requirements)

Consent for Treatment and Release of Information

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including of COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner.

I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date and only appropriate for follow-up by the health department.

Signature: _____ Date: _____