**Rio Massage and Wellness**

 **Signed COVID-19 Questionnaire**

**Per CDC:**

Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

* Cough
* Shortness of breath or difficulty breathing
* Fatigue
* Fever
* Chills
* Muscle aches/pain
* Sore throat
* New loss of taste or smell
* Vomiting, diarrhea, unusual nausea
* Nasal or sinus congestion
* Rashes/skin lesions

**Mark each circle that applies:**

* I have not experienced any symptom listed above within the last 14 days
* To the best of my knowledge no household members currently have or had experienced these symptoms within the past 14 days
* To the best of my knowledge, neither I nor household members have been exposed to anyone with COVID-19 within the past 30 days
* To the best of my knowledge no household members have been diagnosed with COVID-19 within the past 14 days
* As of right now, I have not been diagnosed with COVID-19
* I have not had any recent travel to places that are hotspots for COVID-19

**Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp(F)\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Therapist Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**