



**Healing Arts Maine**  
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## Pre Massage Screening and Release Form

Please print this form, answer and bring to your appointment. It is required to keep your appointment.

*Please make sure you have approval of your primary physician with the following health conditions:*

- compromised immune systems
- clients with conditions such as heart disease
- lung disease, diabetes
- cancer
- suppressed immune systems or if you are on immune suppressing medications

**COVID-19-related questions: Please review and respond to all questions below:**

*By working together, we can maintain a healthy environment for all. If you answer "yes" to any of the questions on the self-screening questionnaire, or otherwise feel sick, or suspect that you may have been exposed to COVID-19, you should stay home. Such individuals are not permitted to come for massage therapy until their symptoms have resolved and they have received clearance from a health care provider stating that they are not at risk of transmitting COVID-19 to others.*

1) Have you been previously diagnosed or tested positive for COVID19? (if so, please contact me so we can discuss further)

YES  NO

**2) You should only come for massage therapy if you can safely answer “no” to every question.**

- Do you have a temperature at or above 100.4° or any reason to be concerned that you are developing a temperature (without having taken a fever-reducing medicine)?
- Have you experienced a new cough that you cannot attribute to another health condition?
- Have you experienced new shortness of breath that you cannot attribute to another health condition?
- Have you experienced a new sore throat that you cannot attribute to another health condition?
- Have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?
- Have you had any of the following additional symptoms in combination with the above: chills, repeated shaking with chills, runny nose or new sinus congestion, fatigue, new GI symptoms, new loss of taste or smell.

YES  NO

**3) Have you had close contact with a person who travelled outside of Maine in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?**

YES  NO

**4) Within the last 14 days, have you had close contact, with someone who is currently sick with suspected (symptoms above) or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for more than 10 minutes.)**

YES  NO

**5) Are you above 65 years of age or having a underlying chronic condition including Cancer, Diabetes, Hypertension, Chronic heart/ kidney/ liver disease, or are you pregnant?**

YES  NO

If you have answered yes to any of the above questions, you should contact me to discuss to see if massage therapy is appropriate for you at this time. **It is necessary that you reply to this questionnaire for your massage appointment to be verified.**

**6) Are you and those living in your household practicing Maine CDC preventive measures such as wearing a mask in public, frequently washing your hands, and maintaining a 6 foot distance from others outside your household?**

YES  NO

## Release

In case someone has been at Camden Whole Health on the same day as you and later testing positive to Covid 19, Antje Roitzsch might have to release your name to the Maine CDC and you might get a call from a contact tracer.

I hermit give Antje Roitzsch permission to release my name to the Maine CDC for the purpose of contact tracing.

I am receiving massage completely at my own risk and will not hold Antje Roitzsch accountable should I test positive to Covid 19 sometime after my massage.

And I will contact her since she might have gotten exposed as well.

I am aware of the new preventative measures and added hygiene and feel comfortable receiving a massage.

Should my health condition change shortly before my massage appointment, I will call to reschedule my appointment and will not get charged for the session. For any other reason I will give 24 hour notice to reschedule, otherwise I will have to pay for the session.

I have read and answered all the above questions to the best of my knowledge and understanding.

Name:

Date:

Signature:

Thank you for taking the time to complete this pre-intake form. We are all doing our best to help keep each other safe during this unusual time.

Antje Roitzsch LMT