



Dear Valued Guest:

The health and safety of our guests and staff continues to be our top priority during this extraordinary time. Taking into account our governor's most recent executive order to allowing massage businesses to reopen, we have put critical new safety measures in place. We ask that you please confirm the following so we can provide your service. We appreciate your understanding and patience!

Please check each box below that applies to you:

☐ I agree to wear a mask or appropriate facial covering while in the facility and to have my temperature taken upon arrival

Per CDC, symptoms of COVID-19 include:

- Fever of 100.4° or higher
- Cough
- Difficulty breathing/shortness of breath
- Chills/Repeated shaking with chills
- Headache
- Sore throat
- New loss of taste or smell

☐ I have not experienced any of the symptoms listed above within the last 14 days

☐ To the best of my knowledge, no household members currently have, or have experienced the symptoms listed above within the last 14 days

☐ To the best of my knowledge, neither I nor household members have been exposed to anyone with COVID-19 within the last 30 days

☐ To the best of my knowledge, no household members have been diagnosed with COVID-19 within the last 30 days

☐ **I have traveled to a state that is on New York's Quarantine Restriction List in the past 14 days.**
(Any state with a 10% positivity rate or higher over a seven day rolling average as per Executive order No. 205 June 25, 2020).

☐ I previously tested positive for COVID-19, but I have been symptom free for 30 days

Signature: _____

Date: ____/____/____

Print Name: _____

Temp: _____ °F