

LIBBY EASON, LLC
COVID-19 Questionnaire Intake/Consent Form

Name: _____ Date of Birth: _____ Cell Phone: _____

Have you experienced any of the following symptoms in the past 48 hours:

*fever or chills * cough * shortness of breath or difficulty breathing * fatigue *
*muscle or body aches * headache * new loss of taste or smell * sore throat
*congestion or runny nose * nausea or vomiting * diarrhea

YES NO

Have you been in close physical contact in the last 14 days with:

Anyone who is known to have laboratory-confirmed COVID-19?

OR

Anyone who has any symptoms consistent with COVID-19?

Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more over a 24-hour period starting from 48 hours before illness onset (or, for asymptomatic individuals, 48 hours prior to test specimen collection).

IMPORTANT: ANSWER "NO" IF YOU ARE FULLY VACCINATED

YES NO

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

YES NO

Are you currently waiting on the results of a COVID-19 test?

IMPORTANT: ANSWER "NO" IF YOU ARE WAITING ON THE RESULTS OF A PRE-TRAVEL COVID-19 TEST

YES NO

Have you traveled in the past 10 days?

Travel is defined as any trip that is overnight AND on public transportation (plane, train, bus, Uber, Lyft, cab, etc.) OR any trip that is overnight AND with people who are not in your household.

YES NO

I _____ give Libby Eason, who is employed by Libby Eason LLC, permission to evaluate and treat me as outlined by the scope of practice as a Certified Advanced Rolfer. I understand that, because Roling Structural Integration involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give my consent to receive Roling Structural Integration from Libby Eason.

Signed _____ Date _____