

Gibson Massotherapy
3250 W Market St, Ste. 104
Fairlawn, OH 44333
330-701-8780

COVID-19 Questions

Patient Name	Date		Date	
Have you felt hot or feverish in the last 21 days?	YES	NO	YES	NO
Have you had any shortness of breath, cough, or flu-like symptoms?	YES	NO	YES	NO
Have you experienced a recent loss of taste or smell?	YES	NO	YES	NO
Have you been in contact with any confirmed COVID-19 positive patients?	YES	NO	YES	NO
Have you travelled in the past 21 days? If so, where?	YES	NO	YES	NO

Positive response to any of these would warrant a deeper discussion with your therapist before proceeding with your bodywork session