

# COVID-19 HEALTH HISTORY QUESTIONNAIRE

*You are receiving these additional health history questions because you indicated you've been diagnosed with and have recovered from COVID-19. Please answer the following questions so we can discern if massage is right for you at this time and/or make adjustments to tailor a safer massage for you to receive. Thank you.*

1. What does your medical doctor say about your risk of communicability?
2. What does your medical doctor advise about getting physical activity?
3. What do you *do* in terms of physical activity?
4. Do you have any **new** (that is, since your infection) skin marks, lesions, or rashes, especially on the toes, but anywhere on the body?
5. Do you have any **new** (that is, since your infection) experience of **severe** deep muscle or joint pain—unrelated to recent physical activity?
6. Do you have any **new** (that is, since your infection) discomfort with exertion?
7. Are you taking any drugs to manage blood clotting?
8. What other long-term consequences of your infection affect your life?