



**Rolfing® Structural Integration  
Safety Intake Form  
Elias Limberopoulos - Certified Rolfer™**

I, \_\_\_\_\_, knowingly and willingly consent to have a Rolfing® session completed during the COVID-19 pandemic. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. Elias Limberopoulos cannot determine who has it and who does not. I have decided to exercise my free-will and get a Rolfing® session regardless of any risks to my health.

I also understand that by signing this form, I give Elias Limberopoulos permission to give any government entity or any official contract tracer the information that they may request about me with regards to containing the COVID-19 pandemic.

I agree to have my temperature taken and recorded each time I present myself for a Rolfing® session during this pandemic. I agree to answer these four questions each time as well:

One of these symptoms

- Fever
- Dry Cough
- Shortness of breath or difficulty breathing

At least two of these symptoms

- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

1. Have you or anyone in your household had any of the above symptoms within the last 14 days?
2. Have you been diagnosed with COVID-19 within the last 30 days?
3. Have you knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days?
4. Have you traveled outside of the country, or to any city outside of our own that is or has been considered a "hot-spot" for COVID-19 infections within the last 30 days?

Name (Print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_