COVID-19 Vaccine Information

Due to the natural immune response of controlled viral exposure and individual reactions to the vaccine ingredients, side effects of the COVID-19 / SARS-CoV-2 vaccine may include:

- Pain at injection site
- Fever
- Fatigue
- Headache
- Muscle Pain
- Chills
- Joint Pain
- Hives
- Menstrual Disruption
- Nausea
- Vomiting
- Diarrhea

Please choose your vaccination status:

☐ I **have not** received the COVID-19 vaccine.

☐ I **have** received the COVID-19 vaccine.

Vaccine Brand _____

Date of 1st dose _____ Date of 2nd dose _____

Due to current COVID restrictions, potential vaccine side-effects, standard post-vaccine protocols, and for the protection of staff, we reserve the right to refuse or delay service based on vaccination status and/or injection dates.

By signing below you agree that the above information is true. You also agree to inform your massage therapist of any change in vaccine status, additional doses or boosters, and side-effects of such vaccines.

Signature _____ Date _____