

# The Spa At The Hotel Hershey Health History Form

Guest Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Sign Me Up For Spa Email:** Be the first to know about seasonal treatments and packages. Plus, receive special offers and a birthday gift!  
Age requirements may apply for some products and services offered. View our privacy policy at [ChocolateSpa.com](http://ChocolateSpa.com).

Do you **currently** have any of the following medical conditions?

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> high/low blood pressure | <input type="checkbox"/> contagious disease  | <input type="checkbox"/> cold sores            | <input type="checkbox"/> spinal problems         | <input type="checkbox"/> heart problems                |
| <input type="checkbox"/> varicose veins          | <input type="checkbox"/> arthritis           | <input type="checkbox"/> pacemaker             | <input type="checkbox"/> pregnant _____ wks      | <input type="checkbox"/> blood clots                   |
| <input type="checkbox"/> cancer type             | <input type="checkbox"/> diabetes            | <input type="checkbox"/> circulatory condition | <input type="checkbox"/> joint pain/inflammation | <input type="checkbox"/> poison ivy                    |
| <input type="checkbox"/> phlebitis               | <input type="checkbox"/> headaches/dizziness | <input type="checkbox"/> epilepsy/seizures     | <input type="checkbox"/> nursing                 | <input type="checkbox"/> asthma                        |
| <input type="checkbox"/> claustrophobia          | <input type="checkbox"/> arteriosclerosis    | <input type="checkbox"/> foot fungus           | <input type="checkbox"/> athlete's foot          | <input type="checkbox"/> skin conditions<br>Type _____ |

Male  Female

Have you ever had a professional massage before?  Yes  No

List any areas of tension, pain, or discomfort \_\_\_\_\_

Have you had any recent surgeries or injuries?  Yes  No If yes, please list: \_\_\_\_\_

Do you have any special needs or physical or medical conditions your technician(s) needs to be aware of?  Yes  No

If yes, please list: \_\_\_\_\_

Do you smoke?  Yes  No

Do you wear contact lenses?  Yes  No

Do you have allergies?  Yes  No If yes, please list: \_\_\_\_\_

Do you have any sensitivity to iodine, oils, or fragrances?  Yes  No

Do you have any sensitivity to botanical, herbal, or sea extracts?  Yes  No

Do you have any sensitivity to latex or latex products?  Yes  No

I understand that spa services should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that Spa Technicians are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the services given should be construed as such. Because steam, sauna, massage, whirlpool, hydrotherapy, use of exercise equipment and exercise may be dangerous under certain conditions, I affirm that I have stated all my known physical and medical conditions and I certify that all the information provided above is correct. I understand that, because of certain medical conditions, I may be refused spa services. I do not hold Spa Technicians, *The Spa At The Hotel Hershey*, and *Hershey Entertainment & Resorts® Company* responsible for any of my conditions that were present but not disclosed at the time of the spa services, which may be affected by the services I receive today. I hereby consent to and give my permission for the spa services I am (or if applicable my minor child is) scheduled to receive and I agree to release and hold harmless the Spa Technician, *The Spa At The Hotel Hershey*, and *Hershey Entertainment & Resorts Company* from any and all liability claims, damages, actions, and causes of action whatsoever, for loss, damage, or injury to person or property that may result from the spa services, use of spa equipment and facilities, or participation in any spa-related activity.

Will you be receiving spa services over multiple days?  Yes  No

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN SIGNATURE IS REQUIRED IF GUEST IS UNDER 18 YEARS OF AGE.**

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF CONFIDENTIALITY:** Information concerning your medical history that is provided to *The Spa At The Hotel Hershey* will be treated as confidential. Your medical history information shall not be disclosed to anyone other than you, our employees who have a need for that information in the performance of their duties, any medical personnel who may be called upon to treat you while you are a guest of *The Hotel Hershey®*, or by those who have a right to your information by operation of the law.

Technician Notes: \_\_\_\_\_