



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.*

Female Male

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

- skin conditions contagious disease spinal/back problems
 cancer heart/vascular conditions pregnancy _____ wks

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

If yes, please list: _____

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

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

Do you have any sensitivity to iodine, oils, fragrances, or botanical, herbal, or sea extracts? Yes No If yes, please list: _____

For Massage Only:

Have you ever had a professional massage before? Yes No

List any areas of tension, pain, or concerns: _____

For Facials Only:

Have you ever had a professional facial before? Yes No

What are your areas of concern that you would like your esthetician to focus on today? _____

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 Technicians, *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.

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: _____



CONFIDENTIAL COVID-19 HEALTH SCREENING

Name (please print):	
Date:	

1. Have you experienced any COVID-19 symptoms within 14 days of your scheduled spa treatment(s)? *According to the Centers for Disease Control and Prevention (CDC), symptoms of COVID-19 may include: fever or chills, cough, shortness of breath or breathing difficulty, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or running nose, nausea or vomiting, and diarrhea).*

Yes ___ No ___

2. Have you had close contact with, or cared for someone who has been diagnosed with COVID-19 within 14 days of your scheduled spa treatment(s) or who has a COVID-19 test pending result?

Yes ___ No ___

If you are completing this form prior to arriving for your appointment(s) and answer "yes" to either question, please contact us to reschedule your appointment(s).

When you check-in for your appointment(s), we will check your temperature with a contactless, infrared thermometer. Based on guidance from health authorities, if you are displaying a temperature of 100.4 or above or if you answer "yes" to either question on this form, you will be asked to leave the property immediately and we will contact you to reschedule your appointment(s).

Signature

STATEMENT OF CONFIDENTIALITY: The information included on this COVID-19 Health Screening will be treated as confidential and will not be disclosed to anyone other than you, our team members who have a need for that information to provide a healthy and safe environment for our guests and team members, any medical personnel who may be called upon to treat you while you are a guest at our property, or by those who have a right to your information by operation of the law.