

MeltSpa by 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 Meltspa.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
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, *MeltSpa by 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, *MeltSpa by 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 *MeltSpa by 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 *MeltSpa by Hershey*, or by those who have a right to your information by operation of the law.

Technician Notes: _____