

COVID 19 Screening Form for Clients and Staff

Name _____

Date _____

1. Do you have new onset respiratory symptoms such as cough, sore throat, fever, chest discomfort, shortness of breath or runny nose in the last 14 days?

Yes____ No____

2. Have you been in close contact with a person known to have COVID-19?

Yes____ No____

3. Have you attended any events or gatherings with more than 10 people in the last 14 days?

Yes____ No____

4. Have you been outside of the USA or been in an airport in the last 14 days?

Yes____ No____

5. Have you been on a cruise ship in the last 14 days?

Yes____ No____

6. Have you been in close contact with anyone who has traveled domestically or internationally in the last 14 days?

Yes____ No____

7. Have you tested positive for COVID-19 in the last 21 days?

Yes____ No____

If you answered yes to any of the above questions, you are required to show documentation of testing negative for COVID-19, or must wait 14 days before coming to the Spa. We can refer you to a clinic that can do the testing if needed. Results usually are available within 2-3 days.

Anyone who has a chronic medical condition needs to be cleared by Dr. Brown before scheduling an appointment..

Signed _____

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