

# 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 had prolonged contact (more than 30 minutes) with a person known to have COVID-19?

Yes\_\_\_\_ No\_\_\_\_

3. Have you attended any events or gatherings with more than 25 people in the last 14 days?

Yes\_\_\_\_ No\_\_\_\_

4. Have you been outside of the USA 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 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. 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 or working at the spa.

Signed \_\_\_\_\_