

Patient COVID-19 Screening and Consent

Have you experienced any loss of taste/smell in the past 5 days? Y / N

Have you experienced a fever in the past 14 days? Y / N

Have you experienced cough/shortness of breath within the past 14 days? Y / N

Have you experienced cold/flu like symptoms within the past 14 days? Y / N

Have you been around anyone that has been experiencing cold/flu like symptoms within the past 14 days? Y / N

Have you been exposed to or been around anyone that has been exposed to COVID-19? Y / N

Have you traveled within the past 30 days? Y / N

* In an attempt to ensure the health of our staff and the rest of our clients, if you have answered yes to any of the above questions, we reserve the right refuse treatment today. You will be asked to reschedule your appointment to a later date.

By signing below, I acknowledge that I, _____, have answered the above questions truthfully to the best of my knowledge and understand that by withholding information, I am putting the wellbeing of the staff, the public and myself at risk.

Signature

Date

When being seen at the spa, all clients will be required to follow the below guidelines:

- You must wash hands prior to being seen by your provider
- You must wear a face covering of some kind while waiting for your appointment/ while in common areas, at front desk, etc.
- You must leave all personal belongings not necessary to your appointment in your car or at home
- You must not arrive more than 5 minutes early for your appointment. If you arrive more than 5 minutes prior to your appointment, please wait in your car or outside
- Please keep a distance of 6 feet or greater from all other patients and any staff other than your provider at all times
- Only you will be permitted at your appointment. We will not be allowing friends, family, dogs, children, etc. in the office at this time
- Do not bring any food or drinks to your appointment
- If you are feeling unwell or have been around someone that has been feeling unwell, please reschedule your appointment
- Every patient will be screened at every appointment until further notice

By signing below, I acknowledge that I, _____, will comply with the above guidelines. If you refuse to comply with the above guidelines, we reserve the right to refuse treatment today.

Signature

Date