

Patient COVID-19 Screening and Consent Form

Please review and complete the below questionnaire 24 hours prior to your appointment, within the cancellation period. If the answer to any of the COVID risk items is yes, for the safety of other patrons please do not come into the spa. Cancel your appointment and reschedule after a minimum 14-day quarantine period. If within 7 days after your appointment, you experience symptoms or a positive COVID diagnosis, please notify us immediately so we can follow appropriate safety and awareness guidelines and notify any other clients as necessary.

Within the past 14 days:

Have you experienced any loss of taste/smell? Y / N

Have you experienced cough/shortness of breath? Y / N

Have you been around anyone that has been experiencing cold/flu-like symptoms? Y / N

Have you traveled outside Colorado? Y / N

* In an attempt to ensure the health of our staff and other clients, if you have answered yes to any of the above questions, we ask again that you do not come to the spa for your appointment, and reschedule sometime after a 14-day quarantine, to enjoy your appointment with the peace of mind that you are helping protect others as well.

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 other patrons at risk.

Signature

Date

While at our spa, all clients will be required to follow these guidelines:

- You must wash hands prior to being seen by your provider.
- You must wear a face covering while waiting for your appointment, in all common areas, at the front desk and in hallways in between areas.
- If you arrive prior to 5 minutes before your appointment, please wait in your car or outside.
- Please keep a distance of 6 feet or greater from all other clients and any staff other than your provider at all times.
- Only you will be permitted at your appointment. We apologize, but cannot allow friends, family, dogs, children, etc. in the office at this time.
- Do not bring any food or drinks to your appointment.
- Every client will be screened at every appointment until further notice.

By signing below, I acknowledge that I, _____, will comply with the above guidelines. Refuse to comply with the above guidelines will result in my appointment being cancelled, without refund.

Signature

Date