

COVID-19 Screening Checklist for Clients

Name _____ Date _____ Time _____

Purpose: Based on the US Center for Disease Control Guidelines, service providers, daily, are encouraged to screen all clients for signs of respiratory illness accompanied by fever.

Instructions: All clients entering Serenity Day Spa & Salon's building will be asked the following questions below. Serenity will maintain this record for 14 days from completion of this form and have this form available upon request from the Public Health Department.

By checking this box, I pledge to provide only correct and truthful information when completing this screening.

1. Do you have any of the following respiratory symptoms?

- New or worsening cough? _____ Yes _____ No
- New or worsening shortness of breath? _____ Yes _____ No

2. Have you had a temp 100.4°F or greater within the last 14 days _____ Yes _____ No

- Are you feeling feverish? _____ Yes _____ No
- Are you having chills? _____ Yes _____ No

Current Temp:

3. Have you been in a facility or home, or with persons with a confirmed COVID-19 by lab test within the last 14 days? _____ Yes _____ No

- **If YES to any, please call and cancel your appointment immediately.**
- **If NO to all, proceed to remaining statements.**

If you answered NO to all questions, you will be allowed entry into the Salon/Spa. Please be aware of the following protocols:

- You will use hand sanitizer or will wash your hands for at least 20 seconds upon entry into the building
- Do not to shake hands with touch or hug others during your time in the building
- Do not congregate in any space within the Salon/Spa

COUPLE SERVICES ONLY (please check box if you are receiving a couple's service)
By checking this box, I acknowledge I have requested a couple's service where I will be receiving a service with another guest who will be receiving a similar service in the same room. Per the Governor's current Executive Orders on Social Distancing guidelines, I attest that I reside in the same dwelling as this person with whom I am receiving a couple's service. I further understand during these services workstations will be less than 10 feet apart given the facility's configuration.

By signing the form below, I am acknowledging the potential risk to contract the COVID-19 disease during services provided today and voluntarily agreed to accept services. You further agree and hereby release Serenity Day Spa & Salon and its employees from any and all liability associated with your potential risk to contract NOVEL CORONAVIRUS (COVID-19).

* The person answering YES to any of the above questions is responsible for following-up with his/her primary care physician if needed.

Client's Full Name: (please print) _____

Client's Signature _____ Date _____

Service Provider's Signature _____ Date _____