

Covid-19 Questionnaire:

Date/time:

Name:

Email:

Phone:

Personal service providers are required to ask the following questions of every client. If you answer "yes" to any of the following questions below, your appointment will be rescheduled until either fever or other symptoms have been resolved without medication for at least 72 hours, or at least 14 days after contact with a person with cough, fever or diagnosed with covid-19. In the event of a covid-19 case, this information will be used for contact tracing and investigation.

The virus is spread from one person to another through close contact, coughing, sneezing, touching or potentially via object touched by someone with the virus. Please provide answers to the following questions:

1. Have you had a fever? Yes/no
2. Have you had a cough? Yes/no
3. Have you had shortness of breath? Yes/no
4. Have you been in close contact with anyone with these symptoms or anyone who has been diagnosed with covid-19 in the past 14 days? Yes/no

Signature: _____