

COVID-19 Health Screen

<u>Screening Questions (Circle Answer)</u>	
1. Is your temperature 100.4 or higher	Y / N
2. Have you been in contact with a confirmed case of COVID-19?	Y / N
3. Do you feel feverish or are having chills?	Y / N
4. Do you have congestion, runny nose or cough?	Y / N
5. Do you have shortness of breath or fatigue?	Y / N
6. Do you have nausea, vomiting, or diarrhea?	Y / N
7. Do you have muscle aches, headache, or sore throat?	Y / N
8. Do you have a loss of taste or smell?	Y / N
<p>If YES to ANY of these questions: Please re-schedule your treatment for a future time.</p> <p>If NO to ALL of these questions: It's ok to participate in your treatment.</p>	

To participate in Personal Bodywork Services at Live Your Dreams Bodywork, please confirm your agreement and understanding of the following COVID-19 precautions:

- All clients participating in Personal Bodywork Services must complete the health screen questions above have a temperature check performed by therapist prior to each session.
- Client and Therapist are required to wear face covering at all times during treatment.
- Client and therapist are required to wash hands or use sanitizer before beginning treatment.
- There will be no treatment that requires the touching or removal of client's face covering.
- If the Client develops symptoms above or is confirmed positive for COVID-19 within 14 days after receiving a session, the client agrees to notify Live Your Dreams Body Work promptly.

I have read, understand and agree with these COVID-19 precautions as a requirement for participation in Personal Bodywork Services at Live Your Dreams Bodywork. I understand that participation is not without risk of contracting COVID-19.

Client Name (print)	Signature/Date	Message Provider
Initials		