

# Client Health Questionnaire

**Prior to the start of my service, I confirm that:**

- I have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks.
- I have not shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the past two weeks.
- I have not traveled outside of my immediate daily routine for the past two weeks.
- I do not have a cough, fever, chills, shortness of breath, or loss of taste or smell.
- If I begin to show symptoms of COVID-19 within the next two weeks, I will contact Tranquility Spa.
- I will follow all guidelines and protocols to keep myself and the Tranquility Spa staff safe.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_