



Client Name: _____

Date: _____

Please circle Yes or No for the following questions:

Do you have a fever greater than 38.0 C? Yes or No

Do you have a cough? Yes or No

Do you have shortness of breath? Yes or No

Do you have a sore throat? Yes or No

Do you have a runny nose? Yes or No

Have you or anyone in your household travelled outside of Canada in the last 14 days? Yes or No

Have you or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of Covid-19? Yes or No

Are you currently being investigated as a suspected case of Covid-19? Yes or No

Have you tested positive for Covid-19 within the last 10 days? Yes or No

Initial _____

If a client or staff member has answered Yes to any of these questions, the individual MUST NOT be admitted to the spa