COVID-19 HEALTH QUESTIONNAIRE & WAIVER - PERSONAL SERVICES

For Businesses that offer personal services to customers that require physical contact

Business:_____

Client Name: _____ Phone: _____

Do you have any of the following symptoms?

- ☐ Fever
- ☐ Body Aches
- ☐ Sore Throat
- ☐ Tiredness
- ☐ None of the Above
- ☐ Dry Cough
- ☐ Headaches
- ☐ Runny Nose
- ☐ Shortness of Breath

Have you been in contact with anyone who has a confirmed cased of COVID-19 in the past 14 days?
YES or NO

If you're a healthcare provider and the answer is YES, was this exposure without proper personal protective equipment (PPE)? YES or NO or NOT APPLICABLE

Have you been out of the country in the past 14 days? YES or NO

RELEASE OF LIABILITY WAIVER

I hereby agree that _____ has a proper sanitation and disinfection plan in place and is not responsible for any accidental transmission of COVID-19 that could occur by being in their business or within close proximity of each other.

I also agree that if I become symptomatic within 14 days of my visit, I will notify the business immediately.

Signature: _____

Today's Date: _____