

COVID-19 SCREENING QUESTIONNAIRE

Your safety is my overriding priority. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to myself and my clients , I am asking everyone to complete and submit this questionnaire prior to entering my office. Please respond to each of the following questions truthfully and to the best of your ability.

Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

Fever of 100.4° F or greater - Yes No

Cough - Yes No

Shortness of breath or difficulty breathing - Yes No

Sore Throat - Yes No

New loss of Taste or smell - Yes No

Chills - Yes No

Head or muscle aches - Yes No

Nausea, diarrhea, vomiting - Yes No

In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact? -
Yes No

In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? - Yes No

Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms? - Yes No

In the past 14 days, have you been on a commercial flight or traveled outside of the United States? - Yes No

In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States? - Yes No

While I will do everything I can to ensure a safe and sanitized space, I am unable to guarantee that you won't contract Covid 19 while having an in-person session. You enter into this session at your own risk and will not hold me, Lynne Maclean, or Somatic Awareness Healing responsible if you contract Covid 19. By signing below you acknowledge you understand and accept these terms.

Name (print):

Signature:

Phone:

Today's Date: