SENSATIONS skin, body care, & electrolysis

Spa Pre-Screening Health Questionnaire

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province: \_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Spa requirements are to complete and email before your scheduled appointment. You may print and bring completed paper copy as long as requirements for no illness are present.

1. Have you traveled in the last 14 days?

2. Have you had contact with anyone with confirmed COVID-19 in the last 14 days?

3. Are you currently suspected of having COVID-19?

4. Have you had any of these symptoms in the last 14 days?

• Fever - Temperature greater than 38°c

• Cough

• Difficulty breathing or other respiratory issues

• Loss of smell or taste

5. Are you currently experiencing any of the aforementioned symptoms?

6. Do you suffer from any of the following?

• Diabetes • Cardiovascular disease

• High Blood Pressure/Hypertension

• Chronic lung disease

• Immunodeficiency

• Cancer (active treatment)

7. Are you pregnant?

8. Are you over 70 years of age?

Please be advised, that you are responsible to let us know, if you have any symptoms or changes in health for future appointments. By signing you are in agreement that you would let us know if any of these health concerns should arise before your scheduled visit and reschedule your appointment if you should become ill before future appointments.

Please be advised that Spa Policy is a minimum of 24 hours notice is required

or a $50 cancellation fee will apply for late or missed appointments.

By signing this document, I agree to the above statement and agree to reschedule your appointment appropriately if required.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clients feeling unwell or who have COVID-19 symptoms are instructed to

NOT come for an appointment until the requirements of non-symptoms are met.