

Lash Brow And Beyond Client COVID-19 Screening Questionnaire

The following questions are to assess whether or not services can be rendered. Please check all that apply:

- Are you ill, or caring for someone who is ill?
- Are you awaiting results for a recent COVID-19 test?
- Have you had contact with someone diagnosed with COVID-19?
- Have you had contact with someone with a suspected or assumed diagnosis of COVID-19?
- Have you lived in or visited a place with known COVID-19 cases or transmissions?
- In the last 14 days, have you traveled outside your normal, daily routine?

Notes or explanation:

Please check any of symptoms you are currently experiencing:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Seasonal Allergies

Notes or explanation:

Print Name _____

Signature _____

Date _____