**COVID-19 INFORMATION AND LIABILITY WAIVER**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

COVID-19 INFORMATION

1. Have you or anyone in your household had a fever in the last 24 hours of 99.9° or above?

Yes ☐ No ☐

1. Do you or anyone in your household now, or recently had any respiratory or flu symptoms, sore throat, shortness of breath or loss of taste or smell ? Yes ☐ No ☐
2. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus type symptoms? Yes ☐ No ☐
3. Have you or anyone in your household traveled outside of the country, or to any city considered to be a “hot spot” for COVID-19 infections WITHIN THE PAST 30 DAYS?

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_