

COVID-19 Visitor Questionnaire

In an effort to reduce the risk of COVID-19 exposure to Palm Beach massage and Bodywork employees, all visitors must complete the following screening questions:

Visitor's name: _____

Visitor's phone number: _____

Person visiting: _____

Date: _____

Self-Declaration by Visitor

Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, and shortness of breath or other respiratory problem)?

YES

NO

Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

YES

NO

Do you agree to a temperature test and to wear a mask when visiting our facility?

YES

NO

Visitors answering yes to the first 2 questions or no to the last will not be permitted access to the facility.

Visitor signature: _____