

# Westbrook Electrolysis

Name \_\_\_\_\_

To prevent the spread of COVID-19 or any other germs, and reduce the potential risk of exposure to our workforce and other clients, we are conducting a simple screening questionnaire. Your participation is important and required to help us take precautionary measures to protect you and everyone in this building. Thank you for your time, consideration and truthful responses.

1. You agree to STAY HOME if you cared for someone diagnosed with COVID-10 within the last 14 days.

I agree \_\_\_\_\_ (Initial)

2. You agree to STAY HOME if you experienced any cold or flu-like symptoms within the last 14 days.

I agree \_\_\_\_\_ (Initial)

3. Have you experienced any of the following symptoms recently? (Select all that applies)

Cough	Shortness of Breath	Fever of 100 degrees or greater	Nausea
Headaches	Body Aches	Muscle Pain	Vomiting
Sore Throat	Loss of Taste or Smell	Runny nose	Diarrhea

By signing this agreement, I acknowledge the contagious nature of COVID-19 and other illnesses and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by my mere presence within this establishment and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions or negligence of myself and others, including, but not limited to, employees and other clients and their families. I hereby release Westbrook Electrolysis from any and all claims arising from or in connection with any direct COVID-19 impact while attending.

I Agree to all the above.

X \_\_\_\_\_

Signature

\_\_\_\_\_

Today's Date