

# Client Arrival: Check-In Screening Protocol

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

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

**As a reminder, I will be wearing a face covering throughout our session today. You will be wearing a face mask upon my arrival and it can be removed at the start of your treatment. Upon arrival I will take your temperature and you will use hand sanitizer provided by me.**

**Please answer a few questions before we proceed.**

1. Have you had a fever in the last 24 hours of 100°F or above? Yes  No
2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?  
Yes  No
3. Do you now, or have you recently had, any chills, muscle aches, new loss of taste or smell, or new rashes or lesions? Yes  No
4. 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

Temperature: \_\_\_\_\_

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

Esthetician: \_\_\_\_\_