COVID-19 Screening Questions

Due to the 2019-2020 Pandemic of the novel Coronavirus (COVID-19) we are taking extra precautions with the intake of each client including a health history review.

Please complete and sign the form below.

Common Symptoms for COVID-19 may include (but are not limited to):

- Dry Cough
- Fatigue/tiredness
- Fever
- Shortness of breath

Some may also experience:

- Sore Throat
- Body Aches/Pains
- Headache
- Change in taste or smell

First & Last Name: _____

Address: _____

_____

☐ I affirm that I, as well as all household members that I reside with, have not been diagnosed with COVID-19 within the last 30 days.

☐ I understand the symptoms listed above and affirm that I, as well as all household members that reside with me, do not currently have, nor have experienced any of the symptoms listed above or been in contact with someone who has tested positive for COVID-19 within the past 14 days.

☐ I affirm that I, as well as all household members who reside with me, have not traveled outside of the country, or to any city outside of our town that has been considered a 'hot spot' for COVID-19 infections within the last 30 days.

☐ I understand that Profound MedSpa and my service provider cannot be liable for any exposure to the virus or any other contagion spread by those wo provided misinformation on this form. Furthermore I agree not to hold Profound MedSpa or the service provider liable if I contract COVID-19 or any other contagion as I have decided to receive professional service at Profound MedSpa of my own free will and my own risk.

By signing below, I agree to each above statement and release my service provider at Profound MedSpa and Profound MedSpa and all liability for unintentional exposure or harm due to COVID-19.

Your treatment provider all workers of Profound MedSpa agree that they will abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to fight the spread of COVID-19 and other communicable conditions more thoroughly.

_____   _____
                    Client Signature   Date