



Name _____

Date _____

Time _____

Purpose: Based on the Provincial and CDC Guidelines, service providers, daily, are encouraged to screen all clients for signs of respiratory illness accompanied by fever.

Instructions: All clients entering Sugarbush Spa clinic must be asked the following questions below. Sugarbush Spa will maintain this record for 14 days from completion of this form and have this form available upon request from the Public Health Department. By checking this box, I pledge to provide only correct and truthful information when completing this screening.

1. Do you have any of the following respiratory symptoms?
 - New or worsening cough? ____ Yes ____ No
 - New or worsening shortness of breath? ____ Yes ____ No
2. Have you had a (temperature 38C or greater within the last 14 days) ____ Yes ____ No
3. Are you feeling feverish? ____ Yes ____ No
4. Are you having chills? ____ Yes ____ No
5. Have you been in a facility or home with confirmed COVID-19 by lab test within the last 14 days? ____ YES ____ NO
6. Have you been with persons with confirmed COVID-19 by lab test within the last 14 days? ____ YES ____ NO

*If YES to any, please cancel your appointment immediately. *If NO to all, proceed to remaining statements.

If you answered NO to all questions, you will be allowed entry into our clinic. Please be aware of the following protocols:

- You will immediately sanitize your hands upon entry into the building (sanitization stations are on the main floor and second floor upon entering the building)
- Please do not shake hands with, touch or hug others during your time in the building
- Use floor markers to practice social distancing - no congregating in any space within the spa
- Masks or Facial coverings are required
- 1 person per appointment - sadly at this time no friends, family, or children
- Limit personal belongings
- If paying with cash, please have the exact amount as we will not have change. Place any money in a separate envelope or plastic bag
- Strict policies in place for timely arrivals. If you are unable to be on time, you will be asked to reschedule. There will be NO leniency.
- Services over \$100.00 and above will be required to be held by a credit card

By signing the form below, I acknowledging the potential risk to contract the COVID-19 disease during services provided today and voluntarily agreed to accept services. I further agree and hereby release Sugarbush Spa and its practitioners from any and all liability associated with the potential risk to contract NOVEL CORONAVIRUS (COVID-19). *The person answering YES to any of the above questions is responsible for following-up with their primary care physician if needed.

Client's Full Name:
(please print)_____

Client's Signature _____ Date _____ Service _____

Provider's Signature _____ Date _____