

## PRECAUTIONARY CLIENT INFECTION STATUS FORM

Due to the 2019-2020 outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as disinfecting practices. Please read the following and affirm that you do or do not have these symptoms.

### 1 of these symptoms

- Fever
- Dry Cough
- Shortness of breath or difficulty breathing

#### TEMPERATURE TODAY

must be less than 100°

### At least 2 of these symptoms

- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

1. \_\_\_\_\_ Have you or anyone in your household had any of the above symptoms within the last 14 days?
2. \_\_\_\_\_ Have you been diagnosed with COVID-19 within the last 30 days?
3. \_\_\_\_\_ Have you knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days?
4. \_\_\_\_\_ Have you traveled outside of the country, or to any city outside of our own that is or has been considered a “hot-spot” for COVID-19 infections within the last 30 days?