

Michelle James SALON

Michelle James Salon Infection Prevention Screening Questionnaire

Please carefully read and answer the questions on this form. Admittance to the Salon will not be allowed without it. Thank you and be safe.

<u>QUESTION:</u>	<u>YES</u>	<u>NO</u>
Have you traveled to: Anywhere known to have a COVID outbreak in the last 30 days?		
Have you had close contact with a known COVID-19 patient or someone who is awaiting COVID-19 test results within the last 7 days?		
Have you had the following symptoms in the last 24 hours: Fever, cough, shortness of breath, sore throat, loss of smell or taste?		
From 72 hours ago to today, has your temperature been above 100.3, signifying a fever?		
Have you been asked to self-isolate or quarantine by your doctor or a local public health official?		
Have you traveled outside the local governments travel restrictions within the last 14 days?		
Do you have any reason why you might be concerned about infecting others?		

If your answer is yes to any of the questions above, you will not be allowed to enter Michelle James Salon and are urged to contact your primary care physician. You will be permitted to return to this salon, only with a letter from your physician clearing you to do so.

Printed Name: _____

Signature: _____

Date: _____