

Jasmine's Spa



COVID CONSENT FORM

Have you experienced a fever greater than 100.4°F in the last 14 days?	Y	N
In the past 14 days have you had acute respiratory symptoms such as cough or difficulty breathing?	Y	N
Have you traveled domestically or internationally to any area with an outbreak of COVID-19 in the last 14 days?	Y	N
Have you or anyone inside your home been exposed to an individual with a confirmed COVID-19 diagnosis?	Y	N
Have you been diagnosed with COVID-19 in the last 14 days?	Y	N
Have you experienced a recent loss of taste or smell?	Y	N
Have you received a recommendation to maintain isolation in the last 14 days?	Y	N
In the past 14 days, have you had close contact with anyone who has travelled internationally or to a COVID-19 hot spot?	Y	N
In the past 14 days, have you had close contact with anyone with a confirmed COVID-19 diagnosis?	Y	N
In the last 14 days, have you been exposed to an individual with a positive COVID-19 test?	Y	N
In the past 14 days, have you had close contact with anyone who has visited or works at a nursing home?	Y	N
Are you a Chicago resident returning from travel to a designated Travel Quarantine list state, or traveler arriving in Chicago from a designated state?	Y	N

If you have answered Yes to any of the questions, please call 773-695-9085 to cancel and reschedule your appointment.

NAME: _____

SIGNATURE: _____

DATE: _____