

A Touch of Grace Skin Care

COVID-19 Questionnaire

By signing this form, you agree that all of the following are true:

You have not had any of the following symptoms within the past 24 hours:

- Fever (higher than 100.4 degrees Fahrenheit)
- Cough
- Shortness of breath or difficulty breathing
- Chills, with or without repeated shaking
- Muscle Pain
- Headache
- Sore throat
- Loss of taste or smell
- Nausea or vomiting
- Diarrhea
- Congestion or runny nose

You or any member of your household do not have symptoms of COVID-19, which is outlined above, or are not suspected or diagnosed with COVID-19.

You have not recently come in contact with any possible source of COVID-19. For example, an individual who has traveled internationally or a person who has been diagnosed with COVID-19.

You or a member of your household have not traveled internationally, been on a cruise ship, or traveled to a state which requires a negative COVID-19 test or quarantining for 14 days as per the Massachusetts Travel Order and stayed for more than 24 hours within the past 14 days.

X

Name

X

Date