LOTUS MIND & BODY

Rev 10/20/2020

# COVID-19 Screening Questionnaire

***This must be completed and EMAILED to us before your 1st visit back to Lotus***

You can revise/attach your your completed form as a revised .pdf, or print this form and after completing it, take a picture of it and attach that to your emailed response instead. Whichever is easier for you is great with us.
Thank you for your help!

**Client Name:** _____ **Date:**_____

| **In the last 2 weeks, have you experienced *ANY* of the following?** | YES | NO |
|---|---|---|
| Dry cough | | |
| Fever (over 100° F) | | |
| Shortness of breath | | |
| Muscle aches (myalgias) | | |
| Sore throat | | |
| Headache (influenza-like illness) | | |
| Fatigue | | |

| **Have you or anyone you are in close contact with…** | YES | NO |
|---|---|---|
| Been in *close contact* with anyone who has COVID-19 or is being monitored by the CDC for COVID-19 in the last 30 days?<br>("Close contact" = being at a distance of less than 6' from the person and for more than 10 minutes.) | | |
| Traveled out of the country or travel on a cruise ship over the last 14 days?<br>If "YES", where did you/they visit? _____. | | |
| *Please circle, underline or highlight all that apply:*<br>Traveled to any of the following **39 US States** over the last 2 weeks?<br>***Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Georgia, Guam, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin,*** or ***Wyoming***<br>…OR…<br>Traveled to ANY of these **US States** that have been removed from list but still have active 14-Day Quarantine windows upon returning to NJ?<br>NJ Returns thru September 15th: ***California*** or ***Hawaii*** | | |

Feel Great. Get Strong. Don't Forget to Breathe.