



COVID-19 Screening Questionnaire

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

You can revise/attach 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 <i>close contact</i> with anyone who has COVID-19 or is being monitored by the CDC for COVID-19 in the last 30 days? <small>("Close contact" = being at a distance of less than 6' from the person and for more than 10 minutes.)</small>		
--	--	--

Traveled out of the country or travel on a cruise ship over the last 14 days? If "YES", where did you/they visit? _____.		
---	--	--

<p><i>Please circle, underline or highlight all that apply:</i></p> <p>Traveled to any of the following 46 US States over the last 2 weeks? Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Guam, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Washington, Wisconsin, or Wyoming</p> <p>Basically Every US State BUT: Connecticut, Hawaii, New York, Pennsylvania, or Washington DC</p> <p>...OR...</p> <p>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? NJ Returns thru September 15th: Hawaii</p>		
--	--	--