LOTUS MIND & BODY

Rev 1/14/2021

COVID-19 Screening Questionnaire

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

You can revise then 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:** _____

Over 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		

Close Contact*	YES	NO
Within the last 30 Days, have you been in *close contact* with anyone who *has* COVID-19, or is *being monitored* by the CDC for COVID-19? *Close contact = being at a distance of less than 6' from the person and for more than 10 minutes.		

Travel: Within the last 2 Weeks, have you…	YES	NO
Traveled on a cruise ship or out of the country including to any US Territory? …OR… Traveled to any **ANY* US State**? **Except for the immediate region of: Connecticut, Delaware, New York, or Pennsylvania* If "YES" to any of Travel Question: ■ ***10-Day Quarantine*** is ***REQUIRED*** upon return to New Jersey -- or -- ■ ***7-Day Quarantine*** with ***Negative Viral*** test results from test taken ***3-5 Days upon return*** (not an antibody test)		

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