

WARE THERAPEUTIC MASSAGE & ACUPUNCTURE WINDEREMERE LTD

yes	no

Do you have a **FEVER and/or NEW ONSET OF COUGH or DIFFICULTY BREATHING?**

Have you just returned from **international travel within the last 2 weeks?**

Have you had any **close contact with a confirmed or probable case of COVID-19?**

Have you had close contact with a person with acute respiratory illness who has been to an impacted area?

*Health notices have been issued by WHO for persons returning from: China, France, Germany, Hong Kong, Iran, Italy, Japan, Singapore, South Korea and Spain.

If you answer "YES" to any of these questions FURTHER QUESTIONS WILL BE REQUIRED to assess your health.

The appointment can be rescheduled for when you are feeling better

I attest that this screening is true to my knowledge and I am not putting anyone at an unnecessary risk.

Client Name _____ Date _____ 2021

Client signature _____