



COVID-19 Client Release Form Questionnaire

Yes _____ No _____	Do you have a fever, a new cough, a worsening chronic cough, shortness of breath or difficulty breathing?
Yes _____ No _____	Have you had close contact with anyone with acute respiratory illness or have traveled outside of Canada in the past 14 days.
Yes _____ No _____	Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?
Yes _____ No _____	Do you have 2 or more of the following symptoms: Sore Throat, runny nose/ sneezing, nasal congestion, hoarse voice, difficulty swallowing, decrease or loss of sense of smell, chills, headaches, unexplained fatigue/malaise, diarrhea, abdominal pain, or nausea/vomiting?
Yes _____ No _____	To prevent the spread of contagious viruses and to help protect others, I understand that I will have to follow the facility's guidelines. The facility's guidelines can be changed at anytime as new information and technology becomes available.

I understand that while Westcoast Piercing and it's staff are following all the health and safety guidelines outlined by the Provincial Health Officer and Workplace BC and that they are taking all reasonable precautions to clean and disinfect the studio, piercing rooms, and showroom that there are no guarantees that I may not come into contact with Covid-19.

Signed _____

Date _____