



Covid Questionnaire

Name

* 1. Are you answering for yourself or someone else?

- Myself My spouse or partner _____
- My Child

Consent to Treatment of Minor: By my signature below, I hereby authorize an esthetician or massage therapist here at Spa Pura to administer facial treatment techniques and/or massage to my child or dependent as they deem necessary. Please type your full name. I agree this electronic signature will have the same legal effect as a handwritten signature.

Minor Name:

Parent or Guardian Signature:

- My parent _____ Someone else _____

*** 2. Have you gotten tested recently (in the past 2 weeks)?**

Yes- Tested Positive Yes- Tested Negative No

*** 3. Have you been in close contact with another person who has been diagnosed with or under investigation for COVID-19?**

Yes No I do not know

*** 4. Have you experienced the following symptoms in the last 14 days?**

Coughing Shortness of breath Fever None of the above

*** 5. In the last two weeks have you worked or volunteered in a hospital, emergency room, clinic, medical office, long-term care facility, nursing home, ambulance service, first responder services, or any health care setting or taken care of patients as a student or part of your work?**

Yes No I do not know

*** 6. I acknowledge the answers above are correct to the best of my knowledge. I accept that there is a risk of contracting the COVID-19 virus in the spa or via spa services and I willingly consent to have a spa service during the COVID-19 pandemic. I confirm and acknowledge that I could contract the virus from outside this spa and due to circumstances unrelated to my visit. I hereby release Spa Pura and all associates including but not limited to employees, practitioners, agents and officers of all liability.**

I understand and acknowledge the above statement.

Please type your full name. I agree this electronic signature will have the same legal effect as a handwritten signature.

Signature:

Name:

Date:

