



## Covid Questionnaire

Welcome to Spa Pura!

First Name

Last Name

We are excited for your visit! We are committed to the safety of our staff and clients and have updated our protocols. Please fill out our questionnaire and take a moment to review all rules and guidelines below. Each questionnaire link is tied to your individual profile in our system. Please do not share links, as it will override the information in our system. If you are having problems accessing your link or if you have any questions or concerns, please do not hesitate to contact us at (818) 249-7872. Thank you!

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

- Myself  My spouse or partner Write Name Here
- My parent Write Name Here  Someone else Write Name Here
- 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: \_\_\_\_\_

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

Yes- Tested Positive  Yes- Tested Negative  No

\* 3. Are you fully vaccinated? (Both doses for Pfizer & Moderna, one dose for Johnson & Johnson)

Yes  No

\* 4. 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

\* 5. Have you experienced the following symptoms in the last 14 days?

Coughing  Shortness of breath  Fever  None of the above

\* 6. 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

\* 7. 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.

Signature: \_\_\_\_\_

8. Would you like a locker to store your belongings?

Yes  No

\* 9. Do you require any of the following items? (Please select all that apply)

Nothing needed  Robe  Water

Slippers

Please notate slipper size if you require

Slippers: \_\_\_\_\_

Other

Thank you for filling out our questionnaire! If you are feeling unwell on the day of your appointment, please feel free to call us to cancel your service. We would be happy to help you reschedule your appointment to a later date. Please plan on arriving 10 Minutes prior to your appointment time, wait in your car and give us a call at (818) 249-7872 to let us know you have arrived. Please make sure your mask is on properly (covering both your nose & mouth) before entering the spa. We will take your temperature before starting your service. We ask that you have your mask on at all times while inside the building, while you are face up during massages, and whenever possible during facial treatments. Therapists will be wearing masks and face shields during every service and we have increased sanitation efforts in all treatment rooms and common areas. As a quick reminder, Spa services and spa facilities are only available to those who can provide either proof of completed vaccination or a negative test result taken no later than 72 hours prior to your scheduled appointment. Please present either form of document to a front desk associate when you check in. We appreciate your cooperation.

