

COVID-19 Screening Checklist for AWC Clients

Name _____ Date _____

Time _____ TEMP _____

Purpose: Based on the US Center for Disease Control Guidelines, service providers, daily, are encouraged to screen all clients for signs of respiratory illness accompanied by fever. You will be asked to receive a no-contact remote temperature check and provided hand sanitizer before entering the building.

Instructions: All clients/students entering Abundance Wellness Center's building must be asked the following questions below. AWC will maintain this record for at least 30 days from completion of this form and have this form available upon request from the Public Health Department.

I pledge to provide only correct and truthful information when completing this screening. ____ Yes
____ No

1. Do you have any of the following symptoms or have you experienced them in the last 14 days? **Please check all that apply.**

____ Fever or chills

____ New loss of taste or smell

____ Cough

____ Sore throat

____ Shortness of breath or difficulty breathing

____ Congestion or runny nose

____ Fatigue

____ Nausea or vomiting

____ Muscle or body aches

____ Diarrhea

____ Headache

2. Have you had a temperature (100.4°F or greater) within the last 14 days? ____ Yes ____ No

3. Have you been in a facility or home with confirmed COVID-19 by lab test within the last 14 days?
____ YES ____ NO

4. Have you been with persons with confirmed COVID-19 by lab test within the last 14 days? ____ YES
____ NO

5. Have you travelled by commercial airlines or Cruise ship within the last 14 days? ____ YES ____ NO

If you answered NO to all questions you will be allowed entry to building.

**Upon arrival client call/text (850) 296-8890 and remain in your vehicle.
The therapist will come out to review this form and take your temperature.**

Please be aware of the following protocols:

- Upon arrival client call/text (850) 296-8890 and remain in your vehicle. The therapist will come out to review this form and take your temperature.
- Masks must be worn at all times while on AWC property, including outside and inside the building.
- Do not to shake hands with, touch or hug others during your time in the building unless it's required by the therapy.
- Do not congregate in any space within the Center and maintain at least 6 feet Social Distancing.

By signing the form below, I am acknowledging the potential risk to contract the COVID-19 disease during services provided today and voluntarily agreed to accept services. You further agree and hereby release Abundance Wellness Center and its therapists/instructors from any and all liability associated with your potential risk to contract NOVEL CORONAVIRUS (COVID-19). After you leave the center, if you find that you had been exposed to the virus within the previous 2 weeks or if you experience any COVID-19 symptoms within the following 2 weeks, please contact your therapist/instructor immediately.

* The person answering YES to any of the above questions is responsible for following-up with their primary care physician if needed.

Client's Full Name: (please print)_____

Client's Signature: _____Date_____

Therapist/Instructor Signature _____Date_____

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