

COVID-19 Screening Questionnaire

	Screening Questions Check the box that applies.	Yes	No
1.	Have you had any of the following symptoms in the last 24 hours? Cough Shortness of breath or difficulty breathing Chills Muscle or body aches Sore throat New loss of taste or smell Congestion or runny nose Nausea or vomiting Diarrhea		
2.	Have you or anyone you know come in contact or have been exposed/diagnosed with the Flu or COVID-19?		
3.	Have you or anyone you know been tested for COVID-19, but have not received the results?	If Yes, reason:	
On the day of the appointment: Temperature at or above 100.4°F?			

One day prior, all customers will receive a courtesy call to confirm their appointment and asked the screening questions above. This is to help ensure anyone who has symptoms of illness or who has been in contact with anyone who has symptoms of illness an opportunity to reschedule their appointment if they answer "Yes" to questions 1, 2, and 3 above.

On the day of the appointment, upon arrival all customers will be met by one of our staff members outside of the tattoo shop, to check and record their current temperature. Customers with a 100.4°F temperature or above must be sent home immediately and advised to contact their healthcare provider. Customers who are sent home will be contacted to reschedule their appointment.

Customer Name	Phone	Date