



Sweet Expressions MediSpa has taken all measures to secure your health and safety during each and every appointment. In order to so, new guidelines and procedures have been put in place and I ask that all clients complete this Screening Questionnaire upon booking and again upon arrival. You will be asked to kindly wait in your vehicle beforehand and notify me when you have arrived. You will be instructed as to when you can come in for your appointment. All clients **MUST** arrive wearing a mask and leave all personal items in their vehicles.

If you are considering booking an appointment, please take a moment to complete the following Screening Questions to ensure your safety and the safety of others. If you answer YES to any of the following questions or you have had any symptoms of illness, I ask that you please book at a later date for the safety and wellness for yourself and others.

Q2:	Have you had close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?	Y	N
Q3:	Did you have a confirmed case of COVID-19 or have close contact with a confirmed case of COVID-19?	Y	N
Q4:	Did you have any of the following symptoms:		
	• Fever	Y	N
	• New onset of cough	Y	N
	• Worsening chronic cough	Y	N
	• Shortness of breath	Y	N
	• Difficulty breathing	Y	N
	• Sore throat	Y	N
	• Difficulty Swallowing	Y	N
	• Decrease or loss of sense of taste or smell	Y	N
	• Chills	Y	N
	• Headaches	Y	N
	• Unexplained fatigue/malaise/muscle aches	Y	N
	• Nausea/Vomiting, diarrhea, abdominal pain	Y	N
	• Pink Eye (conjunctivitis)	Y	N
	• Runny nose/nasal congestion without other known cause	Y	N
Q5:	Are you 70 years of age or older and have experienced any of the following symptoms: delirium, unexplained or an increased number of falls, acute functional decline, or worsening of chronic conditions?	Y	N

I, \_\_\_\_\_ solemnly swear that the above statements to be true and factual and that I am willingly choosing to partake in treatment knowing I could be potentially putting myself at risk.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date