

## CLIENT PRESCREEN AND WAIVER

Hand & Stone is committed to the safety and well-being of our clients and our staff. In order to continue to keep everyone safe and healthy, please complete the following mandatory COVID-19 screening and waiver prior to your appointment.

1. Are you fully vaccinated against COVID-19 or have you tested positive for COVID-19 in the last 90 days and since been cleared? *Fully vaccinated means it has been 14 days or more since your final dose of either a two-dose or a one-dose vaccine series.*  
 Yes  No
2. Are you currently experiencing any of these symptoms? *Choose any/all that are new, worsening, and not related to other known causes or conditions you already have.*
  - Fever and/or chills *(Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher)*
  - Cough or barking cough (croup) *(Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have))*
  - Shortness of breath *(Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have))*
  - Decrease or loss of taste or smell *(Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have)*
  - Muscle aches/joint pain *(Unusual, long-lasting (not related to getting a COVID-19 vaccine in the last 48 hours), a sudden injury, fibromyalgia, or other known causes or conditions you already have))*
  - Extreme tiredness *(Unusual, fatigue, lack of energy (not related to getting a COVID-19 vaccine in the last 48 hours), depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)*
  - None of the above
3. In the last 14 days, have you travelled outside of Canada and been told to quarantine (per federal quarantine requirements)?  
 Yes  No
4. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? *This can be because of an outbreak or contact tracing.*  
 Yes  No
5. In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit? *If you have since tested negative on a lab-based PCR test, select "No."*  
 Yes  No
6. If you answered NO to Q1, please answer: Has anyone you live with: Travelled outside of Canada and been told to quarantine (per the federal quarantine requirements) in the last 14 days? OR Been identified as a "close contact" of someone who currently has COVID-19 and been told to self-isolate by a doctor, healthcare provider, or public health unit in the last 10 days?  
 Yes  No

7. If you answered NO to Q1, please answer: Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? *If the person got a COVID-19 vaccine in the last 48 hours and is experiencing a mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."*
- Yes     No
8. If you answered NO to Q1, please answer: In the last 10 days, have you been identified as a "close contact" of someone who currently has COVID-19? *If public health has advised you that you do not need to self-isolate, select "No."*
- Yes     No
9. If you answered NO to Q1, please answer: In the last 10 days, have you received a COVID Alert exposure notification on your cell phone? *If you already went for a test and got a negative result, select "No."*
- Yes     No

If you have any symptoms in Q2 or answer YES to Q3, Q4, Q5, Q6, Q7, Q8, or Q9 you will need to reschedule your appointment. Please contact the spa to reschedule (we reserve the right to charge for the 'missed' appointment).

I certify that the above medical information is correct to my knowledge, and I accept the possible risks of COVID-19 and will hold harmless my local Hand & Stone Massage and Facial Spa, its employees and the Franchisor from any claims resulting in exposure to or contracting of COVID-19. *Required*

I agree

I understand and agree to the following:

- A person can unintentionally spread COVID-19 to others even if they do not feel sick or have symptoms.
- Masks are intended to reduce the possibility of transmitting the virus from individuals who are asymptomatic or symptomatic but they do not prevent transmission 100%.
- I understand and acknowledge that my service provider, the staff, this business, or the franchisor of this business cannot completely control the spread of COVID-19 and I have chosen to enter this business and consent to receive close contact service(s) with full knowledge of the risk of contracting COVID-19 when social distancing is not observed.
- I understand that my name and phone number will be put on a visitor roster for contact tracing purposes, should an outbreak occur.

I deem the benefits to my health of today's treatment outweigh the potential risks posed by COVID-19.

I agree

Client Name (print name)

Date

If this is being completed on behalf of a minor ( \_\_\_\_\_ ) I certify that the above medical information is correct to the best of my knowledge.

I agree    Parent or Custodian of Minor (print name) \_\_\_\_\_