



Name: _____ Age: _____

Appointment Date: _____ Appointment time: _____

What is your occupation? _____

Employer Name: _____

In the last 30 days, have you or anyone living in your household experienced any of the following? Please mark all that apply.

Fever

Cold or flu symptoms

Cough

Sneezing (beyond occasional)

Shortness of breath

None of the above

In the last 30 days have you or anyone in your household traveled outside of the United States? _____

In the last 30 days have you been in close proximity to anyone known to be infected with or possibly exposed to COVID-19 (Coronavirus)? _____

In the last 30 days, have you been in close proximity (for example, working near someone), who has exhibited cold or flu like symptoms? _____

Do you have any other concerns you wish to share?

ATTESTATION:

By signing below, I attest that I have answered all of the questions above with complete accuracy. I understand the risk to others for failing to disclose all potential health concerns and I have made all risks known in advance. I understand that Pura Vida retains the right, at the company's sole discretion, to not provide services to me if there is any concern of exposure or risk to its employees, to me, or to others.

Signature

Date

In Office Use Only:

Temp today: _____ Time Taken: _____ Tech Initials: _____