



# Covid-19 Screening Questionnaire

Your response is required to maintain your scheduled appointment. Please complete and return this questionnaire one (1) business day prior to your appointment. You may send your response via text: 480-687-8996 or email: [hello@skincharm.com](mailto:hello@skincharm.com).

1. Have you or anyone in your household participated in any travel within or outside of the US within the last 30 days?

YES  NO If yes, where: \_\_\_\_\_

2. Have you had close contact with a suspected or laboratory-confirmed COVID-19 patient in the past 2 weeks?

YES  NO

3. Has anyone in your household had close contact with a suspected or laboratory-confirmed COVID-19 patient in the past 2 weeks?

YES  NO

4. Have you tested positive for COVID-19?

YES  NO

5. In the last 72 HOURS have you experienced:

- |   |                           |                          |
|---|---------------------------|--------------------------|
| - Temperature of 99.5 degrees or higher | <input type="radio"/> YES | <input type="radio"/> NO |
| - Cough                                 | <input type="radio"/> YES | <input type="radio"/> NO |
| - Shortness of breath                   | <input type="radio"/> YES | <input type="radio"/> NO |
| - Sore Throat                           | <input type="radio"/> YES | <input type="radio"/> NO |
| - Headache                              | <input type="radio"/> YES | <input type="radio"/> NO |
| - Repeated shaking chills               | <input type="radio"/> YES | <input type="radio"/> NO |
| - Muscle pain                           | <input type="radio"/> YES | <input type="radio"/> NO |
| - New onset of loss of taste or smell   | <input type="radio"/> YES | <input type="radio"/> NO |

If you answered yes to any of these questions or your temperature at the time of your appointment is 99.5 degrees or higher, your appointment may be canceled and rescheduled.

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PRINT NAME

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DATE

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SIGNATURE