

# Michele's Touch LLC

## COVID-19 Questionnaire

Date/Time of Service: \_\_\_\_\_

Client Name: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

### Have you had any of these symptoms within the last 7 days

- 1. Cough
- 2. Headache
- 3. Fever
- 4. Body Ache

### Routine Questionnaire

- 1. Have you been in contact with people that tested positive for COVID-19?
- 2. Has anyone in your home contracted the coronavirus in the last 7 days?
- 3. Have you traveled during travel restrictions within the last 14-21 days?
- 4. Have you recently felt anxious or agitated?
- 5. Do you have any allergies

### Our commitment to excellent service

- All staff members are required to wear protective gear and practice handwashing hygiene.
- The team is also following CDC-recommended hand washing protocol, and have been instructed on other ways to limit the spread of germs, such as not touching their face, sneezing into elbow, and staying home if feeling sick.

All high-contact surfaces are frequently disinfected to ensure customer and staff safety.

This includes consistent disinfection of:

- countertops and tables
- all payment portals, including keyboards and other hardware
- pens and styluses
- door handles, chairs
- personal property, such as eyeglasses and mobile phones etc.

