COVID-19 or Communicable Disease Screening Form

Health Screening Form for COVID-19 and Communicable Diseases

Thrive Bodyworks
688 Main Street
Suite 4
Westbrook, Maine 04092

Client Information
Name: _____
Appointment Date: _____
Phone: _____

Screening Questions

1. Have you experienced any of the following symptoms in the last 14 days?
   ☐ Fever or chills
   ☐ Cough
   ☐ Shortness of breath or difficulty breathing
   ☐ Fatigue
   ☐ Muscle or body aches
   ☐ Loss of taste or smell
   ☐ Sore throat
   ☐ Other:
   _____
   ☐ None of the above

2. Have you been in close contact with anyone diagnosed with COVID-19 or another communicable disease in the past 14 days?
   ☐ Yes ☐ No

3. Have you traveled outside your local area or internationally in the past 14 days?
   ☐ Yes (Specify locations): _____
   ☐ No

4. Are you fully vaccinated against COVID-19?
   ☐ Yes ☐ No

5. Have you tested positive for COVID-19 or been advised to self-isolate/quarantine recently?
   ☐ Yes ☐ No

THRIVE
BODYWORKS LLC

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Acknowledgment

By signing below, I confirm that the information provided is accurate and that I understand Thrive Bodyworks may postpone my appointment if there are risks to the health and safety of clients and staff.

Signature: _____

Date: _____