



COVID-19 Information & Screening Questionnaire & Precautions

Last Name: _____ First Name: _____

All clients, new and established, are required to be screened for possible COVID-19 Symptoms or Exposure prior to entering Inside Outside. In addition, certain precautions are needed to prevent the spread of the Corona Virus during your appointment at Inside Outside.

SCREENING QUESTIONS: Note: Answers may require rescheduling your procedure or service

- 1. I have had COVID-19 with a Positive Test and Recovered. Yes___ No___
2. Someone I live with has had COVID-19 with a Positive Test and Recovered. Yes___ No___
3. I have received a COVID-19 Vaccine. No___ 1st___ 2nd___ B___
4. Do you have symptoms of COVID-19, such as fever, dry cough, shortness of breath, chills, sore throat, unusual fatigue, muscle aches, headache or altered taste/smell. Yes___ No___
5. Have you had close contact with someone diagnosed with COVID-19? Yes___ No___
6. Have you had any travel (foreign or domestic) in the previous 14 Days. Yes___ No___

Temperature Today_____

PRECAUTIONS REQUIRED:

- 1. Face Masks are Available but not Required as of 8 Mar 23.
2. When your appointment time arrives, you will be allowed to enter the screening area.
3. A Forehead temperature will be measured and screening questionnaire reviewed.
4. You will be asked to sanitize your hands with a alcohol based sanitizer.
5. Established clients will be taken directly to the treatment area. Botox Room, DXA or Gym.
6. New Clients will go to the consult room for orientation to their procedure.
7. DXA Clients should come dressed in gym clothes with minimal or no metal.
8. If the bathroom is utilized, you must sanitize or wash your hands before leaving.

OTHER PRECAUTIONS INITIATED BY INSIDE OUTSIDE:

High touch common areas, Gym equipment, Bathroom and the DXA Scanner will always be disinfected each morning, after use and at the end of the day. A high flow Air Purifier (IQAir HealthPro Plus) be may be operational in the Hi-Lo Gym. Dr. Christian and Inside Outside Staff may wear a combination of protective masks/gloves/face shields at times when person to person contact is necessary.

Signature: _____

Date: _____