**COVID-19 health screening questionnaire for clients or employees.**

Please answer “Yes” or “No” to each question.

1. Do you have:
* Fever or feeling feverish?
* Shortness of breath (not severe)?
* A new cough?
* Repeated shaking with chills?
* New muscle aches?
* New headache?
* A new sore throat?
* New loss of taste or smell?
1. Have you had close contact with or cared for a household member diagnosed with COVID-19 within the last 14 days?
2. Have you been diagnosed or awaiting COVID-19 test results in the last 14 days?
3. Have you been advised to self-quarantine by your health care provider in the past 14 days?
4. Have you traveled outside of the country or to place where you might have an increased risk of COVID-19 in the past 14 days?

If an employee/client answered **YES** to any of the above question, please notify salon manager and ask the employee/client to stay home and consult with a healthcare provider.

If employee/client answered **NO** to these questions, proceed with temperature screening.

T**emperature screening for employees/clients**

The use a non-contact thermal infrared thermometer is an optional strategy in addition to the screening questionnaire. If employee has temperature 100.4°F or higher, ask them to stay home and contact their healthcare provider.

 The infrared thermometer can detect fever. However, many infected people do not show symptoms or have a fever, so it is best to take extra precautions in general.