

The Metta Center COVID-19 ON SITE INTAKE QUESTIONNAIRE

Name: _____ Date: _____

Please check the Yes or No column. Do not check both. You may explain your answers in the comment section. Thank you.	Yes	No
Are you practicing social distancing/self-isolation?		
Have you traveled outside Whatcom County in the past 30 days? If so, where? Comments:		
Have you been in close contact with anyone who has traveled outside of Whatcom County in the past 30 days? Comments:		
In the past 30 days, have you been in close contact with anyone who has had any of the following symptoms: Fever w/in the past 72 hours, persistent cough, shortness of breath.		
Have you been diagnosed or seen the physician within the past 30 days?		
Do you have any of the following symptoms: <div style="text-align: right; margin-right: 50px;">FEVER</div> <div style="text-align: right; margin-right: 50px;">PERSISTENT COUGH</div> <div style="text-align: right; margin-right: 50px;">SHORTNESS OF BREATH</div>		
We will be taking your temperature and O2 Saturation- what is your normal temperature? _____ Today's temperature: _____. Pulse Ox _____		
Do you agree to wear a mask while you are on premises including the duration of your session or class?		
Do you agree to contact us immediately in the event you are diagnosed with Covid-19 within the next 2 weeks?		
Do you agree to hold harmless and release from liability The Metta Center, Lise Waugh, Sam Dart and Abby Staten in the event you are diagnosed with COVID-19 and agree that this communicable disease can unknowingly be spread throughout the community by droplets both airborne, from personal contact and surface held?		

Signature: _____

Staff Signature _____

Please contact The Metta Center by email: themettacenter@gmail.com if you have any questions regarding our desire to minimize exposure to COVID-19