



**EMPOWERED &  
AUTHENTIC LIVING**  
Bridging Psychology & Spirituality

**2500 W. Higgins Rd, Ste 260, Hoffman Estates**

**COVID-19 HEALTH QUESTIONNAIRE  
& WAIVER FOR PERSONAL SERVICES**

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

Check if you have any of the following symptoms:

Fever \_\_\_\_ Dry Cough \_\_\_\_  
Body \_\_\_\_ Aches Headaches \_\_\_\_  
Sore throat \_\_\_\_ Runny Nose \_\_\_\_  
Tiredness \_\_\_\_ Shortness of Breath \_\_\_\_

None of the Above \_\_\_\_

Have you been in contact with anyone who has a confirmed case of COVID-19 in the past 14 days? Yes \_\_\_\_ No \_\_\_\_

If you're a healthcare provider and the answer is YES, was the exposure without proper personal protective equipment (PPE)? Yes \_\_\_\_ No \_\_\_\_

Have you been out of the country in the last 14 days? Yes \_\_\_\_ NO \_\_\_\_

**If you have answered yes to any of the above, you will be asked to reschedule your appointment.**

**RELEASE OF LIABILITY WAIVER**

State of Illinois:

I hereby agree that Empowered and Authentic Living, LLC has a proper sanitation and disinfection plan in place and is not responsible for any accidental transmission of COVID-19 that could occur by being in their business or within close proximity of each other. I also agree that if I become symptomatic within 14 days of my visit, I will notify the business immediately.

Signature: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

Today's Date: \_\_\_\_\_