



peoples yoga

WELLNESS SCREENING QUESTIONS

Please answer the following questions BEFORE entering the studio.
Do NOT enter the studio if you answer YES to any of these questions.

- Have you felt feverish?
- Do you have a cough?
- Do you have a sore throat?
- Have you been experiencing difficulty breathing or shortness of breath?
- Do you have head or muscle aches?
- Have you noticed a new loss of taste or loss of smell?
- Have you been experiencing chills?
- Have you been experiencing any other symptoms?
- Is anyone in your household displaying any symptoms of COVID-19?
- To the best of your knowledge, have you or anyone in your household come into close contact with anyone who has tested positive for COVID-19?

Close contact includes household contacts, intimate contacts, or contacts within 6-ft. for 15-minutes or longer (10-minutes or longer for ambulatory care services) unless wearing an N95 mask during the period of contact.

Other symptoms: consider also runny nose, diarrhea, nausea, and vomiting, or abdominal pain. For reported headaches: consider if new or unusual onset, not related to caffeine, dietary reasons (hunger), or history of migraines, cluster, or tension headaches, or headaches typical for the individual.