Jeanice Sherai, LLC

COVID-19 Policy and Acknowledgment Form

Dear Just 10 Yoga Attendee,

The health and safety of everyone in attendance is of paramount importance. In response to the recent Coronavirus (COVID-19) outbreak, Jeanice Sherai, LLC is taking precautions to lessen the spread of the virus. All attendees must complete a Health Screening Process in order to attend in person classes. Please review the following self-screening questionnaire before attending any in person classes.

Have you had close contact with any possible source of Coronavirus (COVID-19)? This includes being within approximately 6 feet of a COVID-19 case for a prolonged period of time; keep in mind close contact can occur while caring for, living with, working or sharing a room with a COVID-19 positive or suspected individual?

| suspected individual? | ng for, living with, working or si | naring a room with a COV | VID-19 positive or |
|---|---|---|---------------------|
| Yes No | | | |
| Have you had a fever of 37. | 8°C/ 100.4°F or higher within th | e past 24 hours? | |
| Yes No | | | |
| Per the CDC, a wide range c two (2) of the following sym | f symptoms related to COVID-1 optoms mark YES. | 9 have been reported. If | you have at least |
| *Cough *Muscle pain/B shaking with chills *Headac | ody Aches *Shortness of breath the *Sore Throat *N | or difficulty breathing ew loss of taste or smell | *Chills or repeated |
| Yes No | | | |
| • | ne questions, your entry/attenda we ask that you contact Jeanice steps. | | • |
| Please sign below indicating criteria and do not have any | that you have been provided the symptoms as described. | his form and have review | ved the above |
| Thank you for your coopera | tion. | | |
| | VE CRITERIA AND DO NOT HAVE HILE ATTENDING THE CLASS I WI | | |
| (Print) Last Name | First Name | Date | |
| | | | |