SPA VERSANTE

Covid-19 Entry Check Record and Consent

Department:

Supervisor:

By sign my name on this form:
1. I confirm that I have read, understood the **Covid-19 Entry Check poster** and complete my daily entry check before I get in to Spa Versante facility, I clear that I & my same household persons are not having any of the listed symptoms, and also been to any travelving and/or contact with any person infected within last 14 days.
2. I acknowledge that I have read, understood, and agreed to be bound by the Covid-19 Safety Plan.

在此表格上签上我的名字代表：
1.我确认我已阅读、理解**Covid-19筛查**海报，并在进入Spa Versante设施之前完成了今日的自我筛查，我确定我和我的同住家庭成员没有筛查海报上列出的任何症状，
且在过去14天内没有去过任何旅行和/或与任何感染者有接触。
2.我承认我已阅读、理解并严格遵守Covid-19**安全计划**的约束和要求。

Week 1						Week 2					
Date:						Date:					
MON1	TUE1	WED1	THU1	FRI1	SAT1	MON2	TUE2	WED2	THU2	FRI2	SAT2