



PRE-SESSION CLIENT CHECKLIST

Client Name: _____

Date: _____

Please complete the following prior to any services being provided. If you indicate **NO** to any of the attestations listed below, please contact David Calabrese, BCBA at (386) 227-6485 to further discuss the risk of exposure and determine if services will be provided or discontinued with the goal of minimizing community transfer of the virus.

Attestation	YES	NO	If NO, provide details here
I have maintained a distance of greater than 6 feet from everyone outside of my home			
I was not, to my knowledge, exposed to anyone who is ill or believe to have COVID-19			
I feel well and do not have a cough, cold, fever, aches or any signs of illness			
To my knowledge, the individuals I live with have remained a distance of greater than 6 feet from everyone outside of our home			
The people I live with seem healthy and are not showing any signs of illness including coughing, cold, fever, aches or other signs of illness			

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake the responsibility to inform you of any changes therein, immediately.

Parent/Caregiver Signature