

<u>Question</u>	<u>Checklist</u>	
1. Do you have any cold or flu symptoms?	Yes	No
2. Do you have any open cuts or sores on your face or hands?	Yes	No
3. Do you have an empty stomach (have not eaten today)?	Yes	No
If you answered yes to any question above, we do not recommend you participate today.		
4. Do you have any pre-existing medical conditions e.g? Epilepsy or do you identify as vulnerable: pregnant, people suffering from motion sickness or balance problems such as vertigo, Meniere's, or susceptible to migraines, etc.	Yes	No
5. Have you experienced eye strain?	Yes	No
6. Have you experienced stress induced anxiety?	Yes	No
If you answered yes to any questions above, please proceed with caution and let the facilitator know if you are experiencing any symptoms throughout the VR experience.		