

Covid-19 The Beauty Guru Consent Form

By submitting this form, you agree to have treatments during pandemic.

Client Name

First Name

Last Name

By checking the boxes, you confirm that you agree with the following statements:

I understand that I have a risk of contracting virus during the service. I agree to obey the rules of the salon during my appointment in order to minimize the spread of viruses. I confirm that I have not been diagnosed with COVID-19 last 14 days. I verify that I am not waiting for the laboratory test results for COVID-19.

Do you have any of these symptoms? - cough, shortness of breath, high fever, muscle pain, body ache, nausea, loss of taste/smell

Yes No

Within 14 days, have you been in contact with anyone that has COVID-19 symptoms or get infected?

Yes No

Are you living with anyone that is get infected or quarantined due to COVID-19?

Yes No

I agree **not** to visit the salon for any of the services provided if I have the symptoms of COVID-19. I acknowledge that the information I have given in this consent form is accurate and complete. **By signing below, I confirm that I understand and agree to all terms and statements in this form.**

Client/parent/guardian Signature

Date _____

Client/parent/guardian Signature

Date _____

Client/parent/guardian Signature

Date _____

Client/parent/guardian Signature

Date _____

Client/parent/guardian Signature

Date _____

Client/parent/guardian Signature

Date _____