

# COVID-19

## Consent Form

Please answer the following questions honestly and to the best of your knowledge.

You understand that I am committed to keeping you, me, and all of our families safe from the spread of this virus. If you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the premises immediately. We can follow up with services by telephone as appropriate.

Have you or anyone you have had close contact within the last 14 days, is awaiting testing for diagnosis or has been diagnosed with COVID-19?

YES

NO

Are you or have you in the last 14 days shown symptoms of fever, cough or shortness of breath?

YES

NO

Have you been or have had close contact with someone in the last 14 days which has been on an aeroplane from outside of the UK?

YES

NO

- I knowingly and willingly consent to have beauty treatment during the COVID-19 pandemic.
- To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the salon's strict guidelines.
- I understand that due to the frequency of visits of other clients, the characteristics of the COVID-19, and the characteristics of hair services, that I have elevated the risk of contracting the virus by merely being in the salon.
- I understand that due to the nature of beauty treatment, I am unable to maintain the recommended social distancing.
- I'm willing to take a temperature check during my visit to the salon before the services are started, and I agree not to come to the salon with the following symptoms of COVID-19 listed below: Fever- Temperature Shortness of breath Loss of sense of taste or smell Dry cough Runny nose Sore throat.

I understand, read, and completed this questionnaire truthfully. Services will not be offered to or given by anyone who is sick or exhibiting signs of illness.

I AGREE

SIGN:

DATE: