

COVID-19 PANDEMIC CONSENT FORM

NAME _____

PHONE _____

I knowingly and willingly consent to having nail and salon service(s) during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it, and who does not give the current limits in virus testing. _____(Initial)

I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of nail services, that I have elevated the risk of contracting the virus by merely being in the salon _____(Initial)

I confirm that I'm not presenting any of the following symptoms of COVID-19 listed below _____(Initial)

Fever - Temperature: _____ degrees

Repeated shaking with chills

Shortness of breath or difficulty

Muscle Pain

Cough

Headache

Sore throat

Loss of taste or smell

Chills

Diarrhea

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 _____(Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And I understand the CDC, OSHA and California Department of Licensing and Regulations recommend social distancing of at least 6 feet _____(Initial)

I verify that I have not traveled outside of the United State in the past 14 days to countries that have been affected by COVID-19 _____(Initial)

I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days _____(Initial)

I understand and accept all statements above.

SIGNATURE _____

DATE _____