

Business name: _____

COVID-19 Statement

Following the COVID-19 pandemic, we've put extra measures in place for the safety of you and our staff members. We require all clients to fill in our COVID-19 Form before arrival so that we can provide the best possible and safe experience to our clients and staff members.

Please carefully read and answer the below question. This information will be stored confidentially and securely by us.

If you or a member of your household has developed a cough, fever, breathlessness, sore throat or headaches in the last 14 days, please contact us before your appointment so we can obtain further information from you and advise.

Please get in touch if you have any questions - we're looking forward to welcoming you back.

Personal information

First name:

Last name:

Phone number:

Address:

Questions

Please answer all of the below questions and choose one answer.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you experiencing a cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you experiencing a shortness of breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had a fever (above 99.6F) in the last 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been in contact with anyone that has suspected COVID-19 in the past 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you recently been in a COVID-19 hub, like Seattle in the last 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |

Agreement

- I have understood, read and completed this form truthfully to my knowledge.
- I knowingly and willingly consent to having services at _____ during the COVID-19 pandemic.
- To prevent the spread of the virus and protect each other, I confirm that I will strictly follow _____ guidelines.
- If guidelines are not strictly followed, I understand that _____ has the right to cancel the appointment with the full cost of the service being charged and any other paid costs being non-refundable.
- I understand that air travel significantly increases my risk of contracting and transmitting COVID-19.
- I understand that the CDC, OSHA, and North Dakota state board of cosmetology recommend social distancing of at least 6 feet.
- I understand that due to the frequency of other clients, I have elevated the risk of contacting COVID-19 by being at _____.
- I understand that the COVID-19 virus has a long incubation period which means carriers of the virus may not show symptoms but can still be highly contagious.
- I confirm that I have not travelled outside of the United States in the last 14 days to countries that have been affected by COVID-19.
- I confirm that I have not travelled domestically within the United States by commercial airline, bus or travel in the last 14 days.

Signature

Client signature: _____

Staff member signature: _____

Business location address: _____

Date: _____

F R E S H A

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