

## **COVID-19 Pandemic Hair Treatment Consent Form**

I, \_\_\_\_\_, knowingly and willingly consent to have hair treatments 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 important to determine who has it and who does not, given 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 characteristics of hair treatments, that I have an elevated risk of contracting the virus simply by being in salon.

\_\_\_\_\_ (Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below;

\_\_\_\_\_ (Initial)

- **Fever – Temperature:** \_\_\_\_\_ **degrees**
- **Shortness of Breath**
- **Loss of Sense of Taste or Smell**
- **Dry Cough**
- **Runny Nose**
- **Sore Throat**

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 that the CDC, OSHA and Virginia Board of Cosmetology and Barbers recommend social distancing of at least 6 feet.

\_\_\_\_\_ (Initial)

- I verify I have not traveled outside of the United States 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)

Name \_\_\_\_\_

Date \_\_\_\_\_