



COVID-19 Pandemic Hair Treatment Consent Form

I, _____, knowingly and willingly consent to hair 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, given the current limits in virus testing.

_____ I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of hair services, that I have an elevated risk of contracting the virus simply by being in the salon.

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

- Temperature of 100.4 degrees or above (Current Temperature _____)
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore Throat

_____ I confirm that I have not been around anyone with these symptoms in the past 14 days.

_____ I do not live with anyone who is sick or quarantined.

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

_____ I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

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

Date _____ Phone # _____ email _____

Address _____

Services Rendered _____ Time of Appointment _____