



COVID-19 Pandemic Hair Treatment Consent Form

I, _____, knowingly and willingly consent to hair service(s) during the COVID-19 pandemic.

Please initial:

_____ 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 will notify CC Hair Salon within 2 days if I receive a positive COVID test result and was afflicted with COVID-19 during my appointment day.

Date _____ Phone # _____ email _____

Address _____