

CORONA VIRUS/ COVID-19 EXPOSURE AND RELEASE FORM

Due to the 2020 outbreak of the novel Coronavirus, COVID-19 myself and my team are taking extra precautions with the intake of each client. To prevent the spread of COVID-19 extra precautionary measures with sanitation and disinfection to ensure the safety of our artists/technicians and our clients. Due to the fact that we are working directly with your eyes, nose and face we take everyone's safety seriously due to the higher risk nature of our service. **Because our services are in the high-risk exposure category of the CDC's guidelines, if you answer yes to any of the questions or statements below we cannot and will not be able to perform any services on you.**

Please keep everyone's health and wellbeing in mind and answer all questions/statements **honestly** and **truthfully**.

Full Name _____

Temperature _____
(any temperature over 100 will be considered a risk and services will not be performed on said person(s))

Name of Service Provider _____

1. Do you currently have COVID-19 or COVID-19 are pending results?
 - YES
 - NO

2. Do you currently have or have experienced (in the last 14 days) any of the below symptoms
 - FEVER OR CHILLS
 - COUGH
 - SHORTNESS OF BREATH OR DIFFICULTY BREATHING
 - FATIGUE
 - MUSCLE OR BODY ACHES
 - HEADACHE
 - NEW LOSS OF TASTE OR SMELL
 - SORE THROAT
 - PERSISTENT CONGESTION OR RUNNY NOSE
 - NAUSEA OR VOMITING

NONE OF THE ABOVE

3. Does/has anyone in your household have/had any symptoms of COVID-19 currently or within the last 14 days?

YES

NO

4. Within the last 14 days have you or anyone in your household traveled abroad?

YES

NO

If YES, where? _____

I understand that the removal of face coverings increases the risk and transmission of COVID-19 and _____ cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client. By signing below, I confirm that each above statement is true and release the artist/technician from any and all liability for the unintentional exposure or harm due to Covid-19 and other communicable conditions.

Client signature (first, last name)

Date mm/dd/yyyy