

COVID-19 Pandemic Hair Treatment Consent Form

I _____, knowingly and willingly consent to have hair treatment during the COVID-19 pandemic.

(Please initial on the following lines)

_____ 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 treatments, 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:

- Fever
- Shortness of Breath
- Loss of Sense of Smell or Taste
- 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.

_____ 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 Massachusetts 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.

Name: _____

Date: _____