



COVID-19 Pandemic Hair Treatment Consent Form

I, _____, knowingly and willingly consent to have 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. _____ (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. _____ (initial)

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

- * Fever - temperature of 99* or higher ____ degrees _____ time/date
- * 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 salons strict guidelines. _____ (initial)

I understand that air travel significantly increases my risk of contacting and transmitting the COVID-19 virus. I Understand that the CDC, OSHA and Iowa Board of Cosmetology recommend social distancing of at least 6 feet. _____ (initial)

I verify that I have or have not (circle one) traveled outside the United States in the past 14 days to countries that have been affected by COVID-19 _____ (initial) If you have please list:

I verify that I have or have not (circle one) traveled domestically within the United States by commercial airline, bus, or train within the past 14days _____ (initial) If you have please list: _____

Signature

Date

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