

**CORONAVIRUS PRECAUTIONARY RELEASE**

As your Licensed Professional I always take pride in providing you with the safest and most sanitary service(s) possible.

Due to the Coronavirus (COVID-19) outbreak, I am taking extra sanitary precautions with each and every client. These precautionary measures are to protect you, your loved one, other clients and myself. One of those measures is having each client fill out this brief questionnaire before beginning their service.

**COVID-19 SYMPTOMS**

Fever, Dry cough, Breathing Difficulty, Fatigue & Possible Loss of Smell

Please read the following and check each applicable statement.

\_\_\_\_\_ I have read and understand all of the above symptoms. I attest that I nor anyone within my household has had any of the above symptoms within the past 14 days.

\_\_\_\_\_ I attest that myself as well as other household members have not traveled outside the country or to any areas which are deemed "Hot Spots" within the past 30 days.

\_\_\_\_\_ I attest that I nor anyone within my household have knowingly been exposed to nor diagnosed with COVID-19 within the past 21 days.

\_\_\_\_\_ I will in no way hold liable any and all of the following: Licensed Professional(s), The Business(s), Owner(s), or any related entities in the event that I may become ill.

I understand all of the above statements and have answered each in an honest manner. I understand this form will be kept on file and may need to be reviewed or updated at future visits.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name (Print): \_\_\_\_\_

Stylist/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stylist/Witness Name (Print): \_\_\_\_\_