

## COVID-19 PANDEMIC HAIR TREATMENT CONSENT FORM

I, \_\_\_\_\_, knowingly and willingly consent to have hair service at Lure Salon 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.

**By checking this box, I agree to and understand the above statement.**

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.

**By checking this box, I agree to and understand the above statement.**

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

- Temperature above 98.7 degrees
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore Throat

**By checking this box, I agree to and understand the above statement.**

I confirm that I have not been around anyone with these symptoms in the past 14 days.

**By checking this box, I agree to and understand the above statement.**

I do not live with anyone who is sick or quarantined.

**By checking this box, I agree to and understand the above statement.**

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.

**By checking this box, I agree to and understand the above statement.**

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 Commonwealth of Pennsylvania recommend social distancing of at least 6 feet.

**By checking this box, I agree to and understand the above statement.**

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.

**By checking this box, I agree to and understand the above statement.**

I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days.

**By checking this box, I agree to and understand the above statement.**

I verify that I have not traveled domestically within the United States by the following states within the past 14 days:

Alabama	Arizona	Arkansas
California	Florida	Georgia
Idaho	Louisiana	Mississippi
Nevada	North Carolina	South Carolina
Tennessee	Texas	Utah

**By checking this box, I agree to and understand the above statement.**

**IF YOU CANNOT ANSWER IN THE AFFIRMATIVE TO EACH AND EVERY STATEMENT ON THIS CONSENT FORM, YOU MAY NOT ENTER THE PREMISES AND MUST RESCHEDULE YOUR APPOINTMENT.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_