


SALON ANOVIN
NAIL SPA & BEAUTY BAR

COVID-19 Salon Treatment Consent Form

Please take a moment to complete our consent form. By signing below, you agree to knowingly and willingly consenting to have Salon Anovin service during the COVID-19 pandemic re-opening phase. We reserve the right to refuse service if this form is not submitted. Thank you.

I, _____ (*name*), 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:

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

_____ (*Initial*) I confirm that I have not been around anyone with these symptoms in the past 14 days.

_____ (*Initial*) I do not live with anyone who is sick or quarantined.

_____ (*Initial*) To prevent the spread of contagious virus and to help protect each other, I understand that I will have to follow the salon's strict guidelines.

_____ (*Initial*) I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And I understand that the CDC, and Illinois Board of Cosmetology recommend social distancing of 6 feet,

_____ (*Initial*) 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.

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

By signing below, this verifies that you fully agree to our safety policy of our services. Thank you.

_____ (*Full Name*)

_____ (*Date of Appointment*)

(MM/DD/YYYY)