

BELLA DONNA'S COVID-19 Pandemic Hair Service Consent Form

I, \_\_\_\_\_, knowingly and willingly consent to have my hair serviced 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 COVID-19 and who does not have COVID-19 given the current limits in virus testing. \_\_\_\_\_ (Initial)

I understand due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of the hair service received, that I have an elevated risk of contracting the virus simply by being in a salon and by choosing to enter, accept that risk. \_\_\_\_\_ (Initial)

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 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 salon's strict guidelines. \_\_\_\_\_ (Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I understand that the CDC, OSHA and California Board of Cosmetology and Barbers recommend social distancing of at least 6 feet to protect against the COVID-19 virus, and that by receiving treatments I will not maintain a 6 foot social distance. \_\_\_\_\_ (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. \_\_\_\_\_ (Initial)

Name: \_\_\_\_\_

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