

## COVID-19 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, which carriers of the virus may not show symptoms of and may still be highly contagious. \_\_\_\_\_ (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 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:

- \*Fever: temperature \_\_\_\_\_
- \*Shortness of breath
- \*Loss of sense of taste or smell
- \*Cough
- \*Runny nose
- \*Sore throat

\_\_\_\_\_ (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 Texas Board of Cosmetology and Barbers recommend social distancing of at least 6 feet. \_\_\_\_\_ (initial)

I verify that I have not traveled domestically or outside the United States by commercial /airline, bus, or train in the last 14 days. \_\_\_\_\_ (initial)

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

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