

COVID-19 CONSENT FORM FOR COLOR ME CRAZY HAIR SALON

I, _____, (Please state your name) knowingly, and willing consent to have my hair professionally done. During the COVID- 19 pandemic.

I confirm that I am not presenting any of the following symptoms of COVID-19 Listed Below: _____ (initial)

- Fever- temperature: _____ degrees
- Shortness of breath, or difficulty breathing
- Loss of scene or taste of smell
- Dry cough
- Congestion or runny nose
- Sore throat
- Nausea or vomiting
- Muscle or body aches
- Chills
- Fatigue
- Headache

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 verify that I have not traveled outside the United States in the past 14 days. ____;(initial)

Name (printed) _____ Date _____

Signature _____

