

COVID 19 GUEST QUESTIONNAIRE

The safety of our employees, salon guests and families and visitors remain our overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, we are monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and guests, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Guests Name: Personal

Salon Company:	Service Provider:
Guest Name:	Personal Phone Number:

Self-Declaration by Visitor

1	Have you returned from any of the countries listed on Coronavirus FAQs within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been in close contact with anyone who has traveled within the last 14 days to one of the countries listed on the Center for Disease Control (CDC) Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>

IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS, WE WILL HAVE TO RE-SCHEDULE AT THIS TIME, WE APOLOGIZE FOR ANY INCONVENIENCE

Signature (GUEST) _____ Date: _____

COVID-19 Pandemic Hair Treatment 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 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:
_____ (initial)

- Fever – temperature _____ degrees _____ time/date
- 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. And I understand that the CDC, OSHA and Iowa Board of Cosmetology and Barbers recommend social distancing of at least 6 feet. _____ (initial)

I verify that I have or have not (circle one) traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. _____ (initial) If you have, please list:

I verify that I have or have not (circle one) traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____ (initial) If you have, please list:

Name _____ Date _____