

CLIENT HEALTH QUESTIONNAIRE

PRIOR TO THE START OF MY SERVICE, I CONFIRM THAT:

_____ I have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks

_____ I have not shown symptoms of COVID-19 come in close contact with anyone exhibiting these symptoms in the past two weeks

_____ I have not traveled outside of my immediate daily routine for the past two weeks

_____ I do not have a cough, fever, chills, shortness of breath, or loss of taste of smell

_____ If I begin to show symptoms of COVID_19 within the next two weeks, I will contact my stylist.

_____ I will follow all posted salon rules to keep myself, my stylist and those around me safe.

Print Name: _____

Signature: _____

Date: _____

Phone number: _____