

Client Name: _____

Date: _____

COVID-19 Information

- 1. Have you had a fever in the last 24 hours of 100 degrees F or above? Yes ___ No ___
- 2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Yes ___ No ___
- 3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes ___ No ___

COVID-19 is a highly contagious virus that spreads from person to person. In addition to long-held and explicit sanitation measures this business has always adhered to, new preventative measures have been put in place to further reduce the spread of this novel coronavirus. However, these best practices still offer no guarantee regarding your potential risk of being infected.

Consent for Treatment

I understand that, because esthetics, massage, float, acupuncture, candling, reiki, waxing and brow tinting (including any and all other services) involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner/business.

Client Signature: _____ Date _____

Parent or Guardian Signature (in case of a minor) _____ Date _____

<u>DATE</u>	<u>INITIAL</u>	<u>DATE</u>	<u>INITIAL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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