

COVID-19

(Consent Form)

Due to the Pandemic Crisis of our nation, we still want to keep each other protected. As a Spa Professional, clients will be asked these questions before his or her services. Please provide your honest accurate answer to each question. This is applied towards the healthcare professional as well.

Procedure and Questionnaire for clients booking or checking in for services:

Each client will be checked for temperature with a forehead thermometer. If your temperature is lower than 100.4, we will proceed with the services. If not and your temperature is above 100.4, we will politely ask the client to please reschedule his or her appointment.

Thank you for visiting us for your appointment. We value your health and well-being as well as an associate of (Insert your spa name here) If you have experienced flu-like symptoms in the past 14 days, it may be best to reschedule your appointment. Receiving services today could possibly enhance the symptoms and we want you to feel your best after the services. Please answer the following, answering yes does not necessarily mean a reschedule is needed, I hope you have a great session.

Client Name: _____ Date: _____

1. Have you experienced symptoms associated with the coronavirus or COVID-19 in the last 14 days? Yes/No
2. Have you experienced any flu-like symptoms in the last 48hours? Yes/No
3. Have you traveled internationally in the last 14 days? Yes/No
4. Have you been in contact with individuals who have traveled internationally in the last 14 days? Yes/no

Therapist Signature/ Esthetician Signature
