

COVID-19 PANDEMIC SALON TREATMENT CONSENT FORM

****PLEASE READ ALL BEFORE SIGNING****

I, _____, knowingly consent to have my brows, lashes, skin and permanent makeup treated during the COVID-19 pandemic.

Initial all:

_____ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show any symptoms and may still be highly contagious. It is impossible to determine who has it and who does not given the current limits in the virus testing.

_____ I understand that the CDC, OSHA, and TDLR recommends social distancing of at least 6 feet.

_____ I understand that due to the frequency of other clients, the characteristics of the virus, and the characteristics of brow, lash, skin and permanent makeup treatments, that I have an elevated risk of contracting the virus simply by being in a salon.

_____ I **confirm** that I **am not** presenting any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of breath
- Loss of sense of taste and smell
- Cough
- Runny nose
- Sore throat
- Fatigue

_____ I have not been in direct contact with a COVID-19 infected person.

_____ If you have, I have *self quarantined* for the recommended *14 days* after contact and have not shown any symptoms.

_____ I have **not** tested positive with COVID-19 within the last 14 days.

_____ I am currently *not waiting* for pending Covid-19 results.

_____ I have not been on a cruise ship

_____ I understand that air travel significantly increases the risk of contracting and transmitting the COVID-19 virus.

_____ I verify that I have not traveled outside of the United States in the last 14 days.

_____ I verify that I have not travelled domestically within the United States via a commercial airline within the last 14 days.

_____ I have not been in any gathering that refers to a planned or spontaneous event, indoors or outdoors, with a **large** number of people in attendance such as a community event or gathering, concert, festival, conference, parade, wedding, or sporting event within the last 14 days.

_____ If you have, I have *self quarantined* for the recommended *14 days* following the event/gathering.

_____ I understand that the *more people* an individual interacts with at a gathering and the longer that interaction lasts, the higher the potential risk of becoming infected with COVID-19 and COVID-19 spreading.

_____ **To prevent the spread of COVID-19 and to help protect each other, I understand that I will have to follow Lash & Brow Austin's strict guidelines and rules.**

- You **must** wear a mask inside the Salon at all times.
- You **must** wash/sanitize your hands upon entering the salon.
- You may have your temperature checked prior to the appointment.
- Any symptoms shown during the appointment will automatically cancel the appointment and will be rescheduled 2 weeks out.
- Any family and friends accompanying the scheduled client **must remain in the vehicle or outside**(exception on **clients 17** years and younger, only one adult may accompany).
- Early clients must *wait* in their vehicle or outside.
- No more than 1 client in the waiting room.
- There may be a 5-10 minute delay due to the cleaning and disinfecting process.

If you wish not to sign the consent form we can reschedule when the new guidelines and rules have been lifted.

Client Name(Print) _____

Client Signature _____ Date _____

Professional Use Only:

Esthetician Name(Print) _____

Esthetician Signature _____ Date _____

Symptoms client showed during appointment _____, _____, _____

Temperature reading(Optional) _____ Need to reschedule(14 days out) Yes _____ No _____