

Client Health Questionnaire

You must check all items below prior to your start of service on the date of appointment. Please confirm that:

____ I have not been diagnosed with or cared for someone with COVID-19 within the past 14 days

____ I have not shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the past 14 days

____ I have not travelled outside of my immediate routine within the last 14 days

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

____ If I begin to show symptoms of COVID -19 within the next 14 days, I will contact my stylist

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

____ I will not hold my stylist and/or Follicles Hair Salon liable or responsible if I contract COVID-19

Signature: _____

Printed Name: _____

Date: _____ Phone Number: _____