



COVID-19 Information and Liability Waiver

Client Name: _____

Date: _____

Temperature at time of visit: _____

COVID-19 Information (circle below):

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Have you had a cough recently? Yes No
3. 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
4. Are you living with anyone who is sick or quarantined? Yes No

Please note that if you answer Yes to any of the above questions, we are unable to perform your treatment at this time.

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 involves maintaining 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 and Sweet Life Skincare from any claims related thereto. I give my consent to receive treatment from this practitioner.

Client Signature: _____

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

Practitioner Signature: _____

Date: _____