



HAUS OF LASHES & BEAUTY

Covid 19 Acknowledgement Form

(Revised 12/01/2021)

I, _____, (Please Print Client Name) confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

Fever, Shortness of Breath, Loss of Taste or Smell, Dry Cough, Runny Nose or Sore Throat

_____ (Client Initials) I understand the above symptoms and affirm that I, as well as household members do not currently have, nor have experienced the symptoms listed above within 14 days.

_____ (Client Initials) I Affirmed that I, as well as household members, have not been diagnosed with Covid 19 within the past 30 days.

_____ (Client Initials) I understand that COVID-19 virus has a long incubation period during which carriers the virus may not show symptoms and still be highly contagious.

_____ (Client Initials) I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of the services that I have an elevated risk of contracting the virus simply by being in the establishment.

To prevent the spread of the contagious virus and to help protect each other, I understand that I must follow the establishment guidelines listed below:

- Clients must reschedule appointment if you are feeling unwell; please reschedule appointment a minimum of 24 hours before scheduled appointment. Cancellations occurring within 24 hours of scheduled appointment are subject to cancellation fees. Please refer to the Service Provider's policies listed on the website.
- No additional guests allowed
- Clients must wear a face mask upon arrival and during the entire procedure

I consent to following the establishment guidelines and accept the elevated risk of contracting the Covid 19 virus.

Client Signature: _____ **Date:** _____