

# CLIENT HEALTH QUESTIONNAIRE

## PRIOR TO THE START OF MY SERVICE, I CONFIRM THAT:

- I have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks.
- I have not shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the past two weeks.
- I have not traveled outside of my immediate daily routine for the past two weeks.
- 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 two weeks, I will contact my stylist.
- I will follow all posted salon rules to keep myself, my stylist and those around me safe.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_