

Client Liability Intake for Swerve Salon and Spa

This client liability form seeks information from you that you must consider before receiving a service in the circumstance of the COVID-19 virus.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior disease or medical condition) can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask that you reschedule your appointment for at least two weeks out.

It is also important that you disclose to this salon any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

Do you have a fever above normal temperature? Yes No

Have you experienced shortness of breath or had trouble breathing? Yes No

Do you have a dry cough? Yes No

Do you have a runny nose? Yes No

Have you recently lost or had reduction in your sense of smell? Yes No

Do you have a sore throat? Yes No

Have you been in contact with someone that was tested positive for COVID-19 in the past 14 days? Yes No

Have you tested positive for COVID-19? Yes No

If yes, how long ago? _____

Have you been tested for COVID-19 and are awaiting results? Yes No

Have you traveled outside of Illinois in the past 14 days? Yes No

If yes, where? _____

If you answered yes, please reschedule your appointment for 14 days from when you returned.

Has anybody in your household tested positive for COVID-19 in the past 30 days? Yes

No

I fully understand and acknowledge the above information, risks, and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate and that Swerve has the right to refuse service if deemed necessary.

Signature:

Date:

Temperature:
