

## **Covid-19 Pandemic Consent Form**

(MUST BE AGREE & SIGNED BEFORE ALL TREATMENTS)

**Date :**

Customer Name:

Customer Address:

Customer Telephone:

Customer Email:

I knowingly and willing consent to having my nail services during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show any symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

I understand that due to the Frequency of visits of/to other clients, characteristic of the virus, and the characteristic of a nail service, that I have an elevated risk of contracting the virus simply by having my nail therapist enter my home.

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Temperature above 37.8 or higher
- Shortness of breath
- Loss of sense taste or smell
- Dry, persistent cough
- Sore Throat

I confirm that I have not been around anyone with these symptoms in the past 14 days.

I do not live with anyone who is sick or quarantined.

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the new guidelines in my home.

I verify that I have not travelled outside of United Kingdom in the past 14 days to another country that has been affected by COVID-19.

I agree to all the above mentioned and wish to proceed with my treatment

Customer Name / Signature