

# 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: \_\_\_\_\_

# DELAWARE LEARNING INSTITUTE OF COSMETOLOGY

## COVID-19 Services Information and Liability Waiver

In consideration for receiving services provided by students of the Delaware Learning Institute of Cosmetology (the "Institute"), by signing below you agree to accept all responsibility for the risk that you may contract COVID-19. COVID-19 is a highly contagious virus that spreads from person to person. In addition to long-held and explicit sanitation measures to which this Institute has always adhered, new preventative measures have been put in place to further reduce the spread of COVID-19. While we are taking your safety and that of our students and staff very serious by employing new safety and sanitation initiatives, we cannot guarantee that any of these measures will completely protect you from contracting COVID-19.

I, \_\_\_\_\_, knowingly and willingly consent to services during the COVID-19 pandemic.

- YES  NO  I have COVID-19 test results pending.  
YES  NO  I have been diagnosed with COVID-19 or had flu or corona virus symptoms in the last 14 days.  
YES  NO  I have been in contact with someone who tested positive for COVID-19 in the last 14 days or had flu or corona virus type symptoms.  
YES  NO  I live with someone who is sick with flu like symptoms or has been quarantined in the last 14 days.

*I understand that I will be denied services from the Delaware Learning Institute of Cosmetology and asked to leave the premises if any of the questions above are answered "YES"*

- YES  NO  I understand that I should cancel my appointment if I have the following symptoms of COVID-19:  
• Temperature above 100.1 degrees • Chills • Fatigue • Cough • Sore Throat • Difficulty breathing  
• Shortness of breath • Loss of sense of taste or smell • Muscle pain • Body Aches • Headache  
• Congestion • Runny Nose • Nausea • Vomiting • Diarrhea
- YES  NO  I understand that the COVID-19 virus has a long incubation period during which carriers of the virus may not show 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.
- YES  NO  I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of services provided by the Institute, that I have an elevated risk of contracting the virus simply by being in the Institute.
- YES  NO  I understand that the CDC, OSHA and Delaware Board of Cosmetology and Barbers recommend social distancing of at least 6 feet.
- YES  NO  I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus and that I have not flown in the last 14 days.
- YES  NO  I understand that I will have to follow the Institute's strict guidelines to prevent the spread of all contagious viruses and to help protect each other.

I understand that, because cosmetology, esthetics, massage, nails, makeup application, permanent makeup and spray tanning involves maintained 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 Delaware Learning Institute of Cosmetology collectively and or any Delaware Learning Institute of Cosmetology's students, employees, officers, managers, members, owners, directors, or affiliates individually from any claims related thereto. I give my consent to receive services from the Institute's students and staff.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Client Full Printed Name: \_\_\_\_\_

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

Parent of Guardian Full Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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