



COVID-19 Waiver and Trace Back Information

I, \_\_\_\_\_, knowingly and willingly consent to have hair services performed by an employee at Sivana Salon 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 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 other clients, the characteristics of the virus, and the characteristics of hair services, that I have an elevated risk of contracting the virus simply by being in the salon,

I confirm that I am NOT presenting any of the following symptoms of COVID-19,

- Fever – temperature
- Shortness of breath
- Runny nose
- Dry Cough
- Loss of sense of taste or smell
- Sore throat

I give consent to be screened for my temperature, I understand Sivana Salons’ right to re-schedule my appointment if temperature is presented over 99 degrees.

\_\_\_\_\_ (current temp.)

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the salon’s strict guidelines.

I understand that the CDC, OSHA and NYS recommend wearing a face mask and social distancing of at least 6 feet.

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus.

I verify that I have or have not (circle one) traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

I verify that I have or have not (circle one) traveled domestically within the United State by commercial airline, bus, or train within the past 14 days.

If you have, please list:\_\_\_\_\_

Name: \_\_\_\_\_ Today’s date: \_\_\_\_\_

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