

COVID-19 Pandemic Nail Purist Consent Form

Please take a moment to complete our consent form.

First Name

Last Name

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. *

Yes

I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of nail services, that I have an elevated risk of contracting the virus simply by being in the salon. *

Yes

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

- Temperature above 98.7 degrees,
- Shortness of breath,
- Loss of sense of taste or smell,
- Dry cough or
- Sore Throat

I am NOT presenting any symptoms

I confirm that I have not been around or live with anyone with these symptoms or that is quarantined.*

Yes

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. *

Yes

I verify that I have not traveled outside the United States or domestically within the United States by commercial airline, bus or train in the past 14 days. *

Yes

By submitting the form below you agree to knowingly and willingly consenting to have nail services during the COVID-19 pandemic.

Nail Purist reserves the right to refuse service if this form is not submitted. Thank you.

Signature*

Today's Date* (MM/DD/YYYY)