

ella Zen Skincare & Wellness Spa
COVID-19 Symptom Screening & Liability Waiver

Client Name: _____

Date: _____

Practitioner Name: _____

COVID-19 Information

1. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus type symptoms? **Yes No**
2. Do you now, or have you had in the last 24 hours, any respiratory or flu like symptoms, cough, shortness of breath or a fever 100°F or above? **Yes No**
3. Have you tested positive for COVID-19 in the past 14 days? **Yes No**
4. Have you traveled out of the country or New York State in the last 14 days? **Yes No**

COVID-19 is a highly contagious virus that spreads from person to person. In addition to long-held and explicit sanitation measures this business has always adhered to, new preventable measures have been put in place to further reduce the spread of this novel coronavirus. However, these best practices still offer no guarantee regarding your potential risk of being infected.

Consent for Treatment

I understand that, because esthetics 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 the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner.

Client Signature _____ Date _____