

Mitchell's Salon & Day Spa, Inc. Covid-19 Health Questionnaire

Name: _____

Was the client's temperature at check in 100.00 degrees or more: Yes No.

*Anyone with a temperature of 100 or more will not be permitted in the salon.

General Health Questions:

1. Have you traveled internationally over the last 14 days?

Yes _____ No _____

2. Have you had close contact¹ with or cared for someone diagnosed with Covid-19, someone who is suspected of having COVID-19, or someone who has been directed to self-isolate or self-quarantine due to COVID-19 within the past 14 days? (Excluding Medical Professionals)

Yes _____ No _____

3. Have you been diagnosed with Covid-19, are you suspected of having COVID-19, have you been directed to self-isolate or self-quarantine due to COVID-19, or have you experienced any cold or flu-like symptoms in the last 14 days? (Fever, cough, sore throat, respiratory illness, difficulty breathing, chills, repeated shaking, muscle pain, headache, or new loss of taste and/or smell)

Yes _____ No _____

*Clients who answer "yes" to any of the above questions will not be permitted in the salon.

I, _____ hereby acknowledge that I have read and understand the above questions and answered them truthfully.

While Mitchell's has taken precautions to prevent the spread of COVID-19, I understand the risks of contracting COVID-19 from today's services and the risk of community transmission, and I consent to today's services and assume the risks.

Release of All Claims Form: The undersigned, being of lawful age, does hereby forever release and discharge Mitchell's Salon & Day Spa, Inc., its employees, agents, representatives, shareholders, owners, directors, officers, successors, predecessors, divisions, subsidiaries, affiliates, assigns, insurers, and all person acting by, through, under, or in concert with any of them from any and all liability, claims, actions, complaints, obligations, promises, agreements, controversies, demands, damages, losses, debts, expenses (including attorneys' fees) and causes of action, of any kind, including but not limited to personal injuries, negligence actions, medical expenses, pain and suffering, lost wages and all other damages, whether now known or unknown, resulting from the rendering of service's at Mitchell's Salon & Day Spa Inc. The undersigned agrees that he/she has received adequate and fair consideration in exchange for signing this agreement.

Client/Parent/Guardian Signature: _____ Date: _____

¹ "Close contact" is any person being within approximately 6 feet of a COVID-19 case; lives in the same household as, being an intimate partner of, or providing care for a person with a COVID-19 case.