



COVID-19 QUESTIONNAIRE & CONSENT FOR SERVICE AT THE SALON & SPA

Name: _____ Date: _____ Member # or Guest R#: _____

Type of Service(s) you are here for today: _____

Answer the questions below by checking yes or no:

1. Have you traveled outside of the country, or been in New York, New Jersey, or Connecticut in the past 14 days?
 Yes No
2. Are you currently, or have you recently experienced any of the following symptoms: fever, cough, shortness of breath, difficulty breathing, chills, shakes, skin rashes, sore throat, diarrhea, or new loss of taste or smell?
 Yes No
3. Have you, or anyone in your household tested positive for COVID-19 in the past 14 days, or are you or anyone in your household currently awaiting test results for COVID-19?
 Yes No
4. Have you been exposed to anyone who is awaiting test results for COVID-19, or have you been exposed to anyone who is confirmed as testing positive for COVID-19 in the past 14 days?
 Yes No

Read the following statement, then sign below to indicate that you agree.

By signing below, I confirm that I understand receiving services at the Salon & Spa puts me at risk for exposure to COVID-19, as 6 feet physical distancing is not possible with these services. I understand and release Ocean Reef Club and the employees of Ocean Reef Club from any and all liability for unintentional exposure or harm due to COVID-19, and I would like to proceed with the service(s) scheduled for me today.

CLIENT NAME (PRINT): _____ DATE: _____

CLIENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____