

N° 518

SHORT HILLS

Covid-19 Pandemic Hair Services Questionnaire

	, knowingly and willingly consent to have hair
services performed by an employee of Salon 518 durin	ng the COVID-19 pandemic.
I understand the COVID-19 virus has a long incubation show symptoms and still be highly contagious. It is import, given the current limits in virus testing.	possible to determine who has it and who does
I understand that due to the frequency of visits of other characteristics of hair services, that I have an elevated salon,(initial)	
I confirm that I am not presenting any of the following the following list(initial)	systems of COVID-19 included but not limited to
• Fever – temperature	
• Shortness of breath	
• Loss of sense of taste or smell	
Dry cough	
Runny nose	
Sore throat	
To prevent the spread of contagious viruses and to hel to follow the salon's strict guidelines(initial)	
I understand that air travel significantly increases my rivirus(initial)	isk of contracting and transmitting the COVID-19
I understand that the CDC, OSHA and New Jersey State recommend social distancing of at least 6 feet.	-, , -
As per the CDC guidelines, we ask that if you have trav international flight, or have symptoms, that you wait the booking your appointment. This will help us ensure a segment (initial)	he suggested 14 day quarantine period before
Appointment date:	
 Print and bring this signed form with you to your appointment. Pick up a form at the salon anytime out of our drop box on the f Pick up a form the day of your appointment and fill it out in your 	
Name:	Todav's date: