

COVID-19 QUESTIONNAIRE AND RELEASE

Please carefully read and sign this consent form to ensure the safety of all out guests and staff.

I agree to the following:

I understand the below symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed below **WITHIN THE LAST 30 DAYS**

- fever/chills, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, loss of smell or taste, cough, congestion/runny nose, nausea or vomiting, diarrhea

I affirm that I, as well as all household members, have not been diagnosed with COVID-19 **WITHIN THE PAST 30 DAYS.**

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 **WITHIN THE PAST 30 DAYS.**

I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections **WITHIN THE PAST 30 DAYS.**

I understand that **Walt's Barber Shop** cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

• By signing below, I agree to each statement above and release **Walt's Barber Shop** from any and all liability for the unintentional exposure or harm due to COVID-19.

• Date _____

• Name _____

• Phone Number _____

• Email _____

• Signature _____

List the names of any household members under the age of 18 that will also be getting a haircut during this visit: