



12681 Shelbyville Rd

COVID-19 Pandemic Emergency Nail Salon Treatment Consent

I, _____, knowingly and willingly consent to have emergency Salon treatment completed during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

Salon procedures create water spray. It is unclear as to how long the ultra-fine nature of the spray may linger in the air, which can transmit the COVID-19 virus.

- I have been made aware of the CDC and ADA guidelines that under the current pandemic all non-urgent nails care is not recommended. Salon visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of Hands and Feet, and issues that may cause anything listed above within the next 3-6 months. _____(Initial)
- I confirm I am seeking treatment for a condition that meets these criteria. _____(Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of Breath
- Loss of Sense of Taste or Smell
- Dry Cough
- Runny Nose
- Sore Throat
- _____(Initial)

Temperature: _____ degrees

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has, and this is not possible with Nail Salon. _____(Initial)

- I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. _____(Initial)
- I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____(Initial)

Name _____

Date _____