

COVID-19 Pre-Entry Consultation Form

Date & Time of appointment: ___/___/___ @ ___:___

Full Name: _____
Address: _____

Email: _____@_____.com
Phone Number: _____ Temp: _____ F

- All Color Pins Curls, Inc guests will be required to sign a COVID-19 Pre-Entry Consultation form prior to EVERY appointment for all guests safety.
- It is required to wear a face mask covering the bridge of your nose to below your chin. If you do not have a mask there will be washable face covers **for sale**. These will NOT be provided per guest.
- You will be required to have temperature taken and wash your hands upon arrival. NO EXCEPTIONS!
- Please do not bring anyone else, including children, to your appointment. Only 1 person will be allowed at a time.

Please answer the following questions:

Have you been in contact with a person with a confirmed case of COVID-19? Yes No

Have you had any of the following symptoms in the past 14 days:

Difficulty breathing or shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dry cough? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chest pain or pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of speech or movement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fever? <input type="checkbox"/> Yes <input type="checkbox"/> No	Extreme tiredness? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been in contact with anyone with any of the following symptoms:

Difficulty breathing or shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dry cough? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chest pain or pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of speech or movement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fever? <input type="checkbox"/> Yes <input type="checkbox"/> No	Extreme tiredness? <input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that I am signing this form of my own free will and agree that I am of the age of 18 years or older. With the current COVID-19 pandemic, I waive my right to hold Color Pins Curls, Inc., it's owners, clients, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to COVID-19, other illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation of services.

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