

NATUROPHORIA - CLIENT PRE -SCREENING AND RISK WAVIER

Due to the outbreak of the novel corona virus, COVID-19 we are taking additional precautions with the intake information of each and every client, obtaining a present health history review, increasing our sanitation and disinfecting practices and will be implementing added PPE (personal protective equipment) during services.

The significance of your answers on this form are important to you and others. We appreciate your understanding and cooperation, and will be asking you this information at EACH appointment that you schedule during the close monitoring and health directives of state & government organizations.

SYMPTOMS OF COVID-19 INCLUDE:



- Fever or chills
- Extreme fatigue
- Muscle aches
- Headaches
- Shortness of breath
- Difficulty breathing
- Dry cough
- Sore throat
- Congestion or runny nose
- Sneezing
- Skin rashes
- Sudden loss of taste or smell
- Gastrointestinal upset
- Nausea or vomiting
- Diarrhea
- Blue purple discoloration on feet

We are providing this information for your protection. If you have any concerns regarding this information and the COVID-19 Virus - please visit the CDC website or consult with your physician.

First Name:

Last Name

Today's Date

Cell Phone:

E Mail:

Primary Physican :

Medications:

Physician Phone:

The novel corona virus COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact or droplets. As a result, federal, state and local governments and federal and state health agencies recommend social distancing.

I understand the guidelines for social distancing are set at 6 feet, and I acknowledge that it is not possible to receive a facial service or consultation at a 6 foot distance , and have still chosen to receive a skin care related service

YOUR INITIALS:

I understand that this clinic screens all clients and staff for possible COVID-19 infections per the current guidelines by the CDC, the Georgia State Board of Cosmetology and the Georgia Department of Health. A I understand that I will have my temperature checked upon arrival.

YOUR INITIALS:

It is known that carriers of the COVID -19 virus may be completely asymptomatic and the virus has a long incubation period during which carriers of the virus may not show symptoms and can still be contagious. Some individuals never develop symptoms at all.

YOUR INITIALS:

I understand the above symptoms and affirm that myself as well as any other members of my household DO NOT or HAVE NOT experienced the symptoms listed above within the last 30 days

YOUR INITIALS:

I affirm that myself as well as any members of my household HAVE NOT been diagnosed with COVID-19 or have tested POSITIVE for COVID-19 within the last 30 days.

YOUR INITIALS:

I affirm that I as well as ANY of my household members HAVE NOT knowingly been exposed to anyone who has had a positive COVID 1-19 diagnosis.

YOUR INITIALS:

While this clinic strictly adheres to the standards and procedures as they currently exist per the CDC, Georgia State Board of Cosmetology and the Georgia Department of Health - I understand that COVID-19 can be transmitted to and from the clinic, by other clients visiting the clinic.

YOUR INITIALS:

I understand that due to the characteristics of the virus, I have an elevated risk of contracting the virus just by being in the building - similarly, as the risk of dining out or shopping even under strict precautions and guidelines.

YOUR INITIALS:

I acknowledge the added precautions this clinic has taken is for my welfare, and that I assume the sole responsibility of my choice to receive a facial service, or related consultation or appointment at this clinic during the COVID-19 event and outbreak.

YOUR INITIALS:

I acknowledge that I have with intent made my appointment while in good health, and acknowledge that I am in good health at the time of this appointment.

YOUR INITIALS:

LIABILITY CONSENT

By signing this agreement, I acknowledge the contagious nature of COVID -19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19, and that such exposure or infection may result in severe health consequences.

I understand the risk of becoming exposed to or infected by COVID-19 as a result of actions, omissions, or negligence of myself and others including but not limited to any staff member of this establishment.

I voluntarily agree to assume all of the foregoing risks and accept the sole responsibility for any injury to my family or myself (including but not limited to, personal injury, disability, including all and any level of health consequences should I contract COVID-19) any degree of illness, death, damages, loss, claim, liability or expense of any kind that I may experience or incur in connection with my receiving any services or consultation with this establishment -Naturophoria or Erin Madigan-Fleck.

On behalf of myself and my family, I hereby release, and covenant not to sue, discharge and hold harmless Naturophoria, Erin Madigan-Fleck, and her assigns, of and from the Claims, including all liabilities, claims, actions, damages, cost or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the company, its staff, agents, and representatives whether COVID-19 infection occurs before, during or after visiting this establishment.

Your Signature:

Today's Date: