

Amethyst Beauty Salon and Spa  
Client Covid Form

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date \_\_\_\_\_

Are you currently experiencing one or more Covid like symptoms that are new or worsening?

\*Symptoms include Fever and/or chills, Cough or barking cough (croup), Shortness of breath, Decrease or loss of taste or smell, Muscle ache/joint pain, or Extreme tiredness

- Yes  
 No

Has a doctor, healthcare provider, or public health unit told you that you should be isolating (staying at home)?

- Yes  
 No

Have you been in close contact with a person who has flu-like symptoms and is in isolation?

- Yes  
 No

Has someone you live with tested positive for Covid-19 in the past 14 days?

- Yes  
 No

Is anyone you live with currently experiencing any new Covid-19 symptoms and/or waiting for test results after experiencing symptoms?

- Yes  
 No

I attest that the above is true to my knowledge and I take full responsibility to inform the owner if I develop any of the above symptoms during my time or come into contact with anyone testing positive for Covid-19.

- Yes  
 No

Please Sign Here \_\_\_\_\_