

COVID-19 CONSENT

Type to enter text

I, _____ consent the following (and understand if I am asked prior to every appointment)

___ I have been diagnosed with COVID-19 (if so, when) _____

___ I have not been diagnosed with COVID-19

___ I haven't been around anyone exposed to COVID-19 within the last 14 days.

___ I have not traveled within two weeks of my scheduled appointment.

___ I am not experiencing fever, shortness of breath, or any other COVID-19 symptoms.

___ I understand I will be required to wear a mask for the full time of my visit.

___ I understand temperature will be taken upon arrival for each visit.

___ I have made the decision to attend Inner Essence Spa LLC during the COVID-19 pandemic, and understand that Inner Essence Spa is extending health and safety protocols to protect myself, my family, and as well theirs however there is still risk and I will not hold Inner Essence Spa LLC responsible should I contract Covid -19 in a time frame relevant to my visit.

Signature _____ Date _____