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| --- | --- | --- |
| **Name:** | | **Temp:** |
| **Estimated**  **Visit Duration** |  | |

**SERENITY HAIR SALON PRE-VISIT FORM (U.S. USE ONLY)** (As of 5/28/2020)

In the interest of protecting the health of our employees, clients and other visitors to Serenity Hair Salon, the salon is implementing certain precautionary measures to help mitigate against the spread of COVID-19, including requiring all employees, clients, and visitors to validate certain data prior to utilizing our salon. We require that you adhere to this request as instructed below before providing/receiving services.

*No visitors will be authorized to enter Serenity Hair Salon without answering the four questions below:*

**With respect to travel outside of the U.S, please answer the questions below by circling Yes or No after each question:**

|  |  |  |
| --- | --- | --- |
| **Questions** | **No** | **Yes\*** |
| **Have you traveled to, through or from outside of the U.S. in the last 14 days?** | No | Yes |
| **To the best of your knowledge, have you been in contact with anyone who has traveled to, through or from outside of the U.S. in the last 14 days?** | No | Yes |

**Please answer the following questions regardless of any recent travel by circling Yes or No after each question:**

|  |  |  |
| --- | --- | --- |
| **Questions** | **No** | **Yes\*** |
| **To the best of your knowledge, have you been in close contact with anyone who is being evaluated or has been diagnosed with COVID-19?** | No | Yes |
| **Are you experiencing or have you experienced in the last 14 days any flu-like symptoms (fever, cough, shortness of breath)?** | No | Yes |

**\*If your answer is “yes”** to any of the above questions, please immediately leave the salon and notify the staff of Serenity Hair Salon from the safety of your vehicle or home via telephone. We will reschedule your services for a later date **Please observe the proper quarantine timeframe of two weeks or your pending services shall be postponed indefinitely.**

**If you answered “no”** to all of the above questions, please return the completed form to the check-in staff so we can confirm your on-site visit. **If you begin to experience flu-like symptoms after your scheduled service, please contact Serenity Hair Salon immediately.**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |