



CLIENT HEALTH QUESTIONNAIRE

PRIOR TO MY SERVICE VISIT, I CONFIRM THE FOLLOWING

I have not travelled outside of Ontario within the Last 14 days.

I have not had close contact with, or cared for, someone diagnosed with Covid 19 in the last 14 days.

I am not, nor any of my immediate family members, experiencing any covid-19 or cold or flu-like symptoms in the last 14 days such as fever, cough, sore throat, respiratory illness, difficulty breathing.

I have not had close contact with anyone that has traveled outside of Ontario within the last 14 days.

I will notify Element Hair if symptoms develop within 14 days.

By signing below you confirm the above statements are true.

If you cannot confirm all statements as true, reschedule your appointment in 14 days.

You also acknowledge that Element Hair is taking full sanitary precautions for everyone's safety. You acknowledge you are entering Element Hair during COVID-19 and due so at your own risk and responsibility.

Please esign this form and send to customercare@elementhair.com or bring it with you to your appointment.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____