



Breeze

SKINCARE & ELECTROLYSIS

Coronavirus Intake Form

For all our safety, please fill this out 24 hours prior to each appointment. Be sure that the information you give is accurate & complete.

Full Name _____

Email _____

Phone Number _____

In the past 14 days I have experienced (circle either yes or no)

Fever 101 F + Yes No

Unexplained body aches/pains Yes No

Coughing Yes No

Shortness of breath Yes No

Chills with or without body aches Yes No

Recent loss of smell or taste Yes No

Unusual Fatigue Yes No

Due to the outbreak of the Coronavirus, COVID-19, Breeze Skincare & Electrolysis is taking extra precautions with the intake of each client, as well as sanitation and disinfecting practices. By signing this waiver I am agreeing to the following:

- I understand that the symptoms of COVID-19 may include, but are not limited to, fever, fatigue, dry cough, and difficulty breathing, and I am currently not experiencing, have not experienced in the last 14 days, and have not been in contact with anyone in the last 14 days who have exhibited these symptoms.

- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days. - I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.

- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.

I understand that this business and all of its owners, employees, and service providers, cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or health history that is provided by each client. I understand that, because spa services involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive spa services from my service provider.

Breeze Skincare & Electrolysis, its owners and employees agree that they abide by these same standards and affirm the same. We also affirm that we have expanded our sanitation protocols

Breeze Skincare & Electrolysis General Liability Release

My signature, below, acknowledges that the service(s) I receive are NOT a substitute for medical care, treatment, or diagnosis, and should not be construed as such. All treatments provided by Breeze Skincare and Electrolysis, including but not limited to: electrolysis, chemical peels, facials, lash lifts, tinting, and waxing are intended to provide relaxation, relief of muscle tension, and/or esthetic improvements. I have documented all known medical conditions on my client intake form or I agree to document all known medical conditions on my intake form before treatment.

Additionally, I agree to inform my service provider of any changes to my medical history including but not limited to, new allergies, recent surgeries, pregnancy etc. I agree that I have or will have answered all questions truthfully and to the best of my knowledge. I agree to not hold Breeze Skincare & Electrolysis, or any of its owners and/or employees liable under any circumstances for any adverse reaction to any of their standard treatments and products.

Printed name _____

Signature _____

Date _____