

COVID-19 Information & Liability Waiver

Bora Lea Skin Therapy



Client Name: _____

Contact Number: _____

COVID-19 Information - Please answer all questions

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Do you now, or have you recently had any symptoms known to be associated with Covid-19, including but not limited to cold or flu symptoms, cough, sore throat, intestinal distress, shortness of breath, or fatigue? Yes No
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19, has coronavirus-type symptoms, or who was exposed to an infected person? Yes No
4. Have you been vaccinated against Covid-19? Yes No Partially Prefer not to say

COVID-19 is a highly contagious virus that spreads from person to person. In addition to long-held and explicit sanitation measures this business has always adhered to, new preventative measures have been put in place to further reduce the spread of this novel coronavirus. However, these best practices still offer no guarantee regarding your potential risk of being infected.

Consent for Treatment

I understand that, because esthetics 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 from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business <Bora Lea Erdos and Bora Lea Skin Therapy> from any claims related thereto. I give my consent to receive treatment from this practitioner.

Client Signature: _____ Date _____

Parent or Guardian Signature (in case of a minor): _____ Date _____

*Temperature at Check in: _____ Notes: _____