

the artisthaus.

- A salon concept by Mack Stylist LLC.

Name: _____ Date: _____
(Please print)

Please read the following information and help us operate under CDC guidelines for the safety of our guests, staff and community.

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- **Temperature above 100.4 degrees**
- **Shortness of breath**
- **Loss of sense of taste or smell**
- **Dry cough**
- **Sore Throat**

I confirm that I have not been around anyone with these symptoms in the past 14 days.

I do not live with anyone who is sick or quarantined

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the salon's strict guidelines.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing. I understand that due to the frequency of visits of other clients, the characteristics of the virus and the characteristics of hair services, that I have an elevated risk of contracting the virus simply by being in the salon.

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus and I understand that the CDC, OSHA and Pennsylvania Department of Health recommend social distancing of at least 6 feet.

I verify that I have not traveled outside the United States in the past 14 days

I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days.

Signature: _____ Date: _____p

By signing and submitting your signature, I understand and verify that I am aware and will comply to CDC guidelines enforced by The Artist Haus. This digital signature holds the same authority as a handwritten one.

Thank you for your cooperation & continued support

Mackenzie Day, Owner/ The Artist Haus