Client Name:	
COVID-19 Information	
breath? □ Yes □ No	spiratory or flu symptoms, sore throat, or shortness of
or has coronavirus-type symptoms? □ Yes □ No	ast 14 days who has been diagnosed with COVID-19
	. As with the transmission of any communicable virus 9, also known as "Coronavirus", at any time or in any
Be assured that I continue to follow California St and federal recommended universal personal pro- transmission of all diseases while you are service	·
·	fection and use of personal barriers, there is still a just as you might be at your gym, grocery store, or
Although exposure is unlikely, by signing below y	ou accept the risk.
	nt for Service close physical proximity over an extended period of ansmission, including COVID-19.
By signing this form, I acknowledge that I am aw receiving services at this time, I voluntarily agree harmless the practitioner/business from any clair services from this technician.	to assume those risks, and I release and hold
Client Signature:	Date
Parent or Guardian Signature (in case of a minor Date):