

Acknowledgement and Agreement of COVID-19 Guidelines for Beauticians

**Below are the guidelines set by the CDC and THHS that must be followed:**

A COVID-19 questionnaire including temperature check will be required outside prior to entry into the facility for every visit.

SCREENING PROTOCOLS- If you have any of the sign/symptoms of the below, you WILL NOT be allowed in the facility as per CDC guidelines:

* FEVER -of 100.4 or greater
* SIGN/SYMPTOMS -such as chills, body aches, cough, sore throat, shortness of breath, new onset of loss of taste or smell, unusual diarrhea, nausea or vomiting
* EXPOSURES-confirmed exposure or pending results with COVID-19 in the past 14-day
* TRAVEL-out of the country within the past 14-days

Salon Service visitor must:

* Have a negative COVID-19 test no more than 14-days before first salon visit and provide documentation
* Self-monitor for symptoms
* Not participate if symptoms occur
* Wear a badge to identify self
* Demonstrate and document proper PPE training with facility staff, ie. Administrator or Wellness Director
* Are limited to salon access only
* Have no physical contact with additional staff or residents not providing services to
* Will provide services to one resident at a time to maintain social distancing between residents
* Wear an approved facemask at all times while in facility

By signing this acknowledgment , you are agreeing to follow the HHSC and CDC guidelines.

As we appreciate your services, in order to keep our residents safe, failure to follow these guidelines will result in immediate cancellation of your services.

Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_