



CLIENT HEALTH QUESTIONNAIRE

ReCreations Salon | Hair. Nails. Skin

1626 US Highway 130, North Brunswick, NJ 08902

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PRIOR TO THE START OF MY SERVICE, I CONFIRM THAT:

I have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks.

I have not shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the past two weeks.

I have not traveled outside of my immediate daily routine for the past two weeks.

I do not have a cough, fever, chills, shortness of breath, or loss of taste or smell.

If I begin to show symptoms of COVID-19 within the next two weeks, I will contact my stylist.

I will follow all posted salon rules to keep myself, my stylist and those around me safe.

Client Signature:

Printed Name:

Date:

Phone Number:

Please print and complete prior to arriving for your appointment.