

Lotus Spa Eau Claire

Consent for Spa Services

Client Name: \_\_\_\_\_

Temperature: \_\_\_\_\_

Have you had a fever in the last 24 hours? Yes No

Do you currently have or have you recently had respiratory symptoms? Yes No

Do you currently have or have you recently had a sore throat? Yes No

Do you currently have or had you recently had shortness of breath? Yes No

Do you currently have or had you had a loss of smell and/or taste? Yes No

Have you been in contact with anyone in the last 14 days who has been diagnosed with Covid-19 or who has symptoms? Yes No

I understand that spa services involve maintained touch and close physical proximity for an extended time period. There may be a risk of disease transmission, including Covid-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive spa services.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date