**Logo

Description automatically generatedConsent for Services during Covid-19 Pandemic**

Spa Naturelle Standards of Practice

I understand that the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has a long incubation period during which the carriers of the virus may not show symptoms and may still be contagious.  
   
I understand that physical distancing of 6 feet may not be possible while in the spa receiving services.

 I confirm that I am not currently positive for novel coronavirus.  
   
I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus.  
   
I verify that I have not returned to Michigan from any country outside of the US, whether by car, air, bus or train in the past 14 days.  
   
I verify that I have not been identified as a contact of someone who has tested positive for the novel coronavirus or been asked to self-isolate by the State of Michigan Department of Health, or any other government agency.  
   
I confirm that I am not presenting with any of the following symptoms of COVID-19 identified by the CDC:  
            Fever > 100°F (38°C)  
            Chills or body aches  
            Cough  
            Sore Throat  
            Shortness of breath  
            Difficulty breathing  
            Flu-like symptoms  
            Runny Nose  
            Loss of smell or taste

I understand that I may be unable to proceed with services at Spa Naturelle if I am deemed unsafe to myself or a staff member.

I understand that Spa Naturelle will do everything possible to minimize the spread of COVID-19, but I will not hold them responsible should I contract the COVID-19.  
   
I will immediately notify Spa Naturelle if I contract the virus within two weeks following my visit.  
   
I verify that the information I have provided on this form is truthful and accurate.

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

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_