



# Statement of Health

**Please read and sign the following certification statement prior to the start of your service:**

I, \_\_\_\_\_, have not been quarantined within the last 14 days due to COVID-19 symptoms or illness, and I am not showing symptoms today. Additionally,

- I do not have a cough.
- I do not have a fever.
- I have not been around anyone exhibiting these symptoms within the past 14 days.
- I am not living with anyone who is sick or quarantined.
- If I start to show symptoms for COVID-19 within 7 days, I will contact my stylist/barber and the salon or barbershop owner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Stylist/Barber performing the service:  
Date of service:  
Location:  
Arrival time:  
Departure time:

