

COVID 19 Release form

Date _____

Time _____

Please answer each question yes or no

- _____ 1. Have you had a cough within the last 14 days?
- _____ 2. Have you had a fever within the last 14 days?
- _____ 3. Have you had shortness of breath in the last 14 days?
- _____ 4. Have you been in close contact with anyone with these symptoms or anyone who has been diagnosed with COVID-19 in the past 14 days?

If the answer is yes to any of the above questions, your artist will need to reschedule your appointment in accordance with the Oregon Health Department reopening guidelines.

email/phone #

Print name

Signature