



# ABA DEPILACIÓN LÁSER RESPONSIBILITY WAIVER: COVID-19

Today's Date

As a result of the Coronavirus outbreak (COVID-19), we are taking additional precautions with each customer's entry to our facilities. These precautions review the health history of customers and visitors, as well as sanitation and disinfection practices.

Name:

Last Name (s):

## MEDICAL HISTORY

Please check if you have had any of the following symptoms BEFORE your ABA appointment. Contact ABA immediately if you develop or have had any of these symptoms 24 hours before your ABA appointment:

1. Cough	<input type="checkbox"/> YES	<input type="checkbox"/> NO	5. Diarrhea	YES	<input type="checkbox"/> NO
2. Difficulty breathing	YES	<input type="checkbox"/> NO	6. Fatigue	YES	<input type="checkbox"/> NO
3. Headaches	YES	<input type="checkbox"/> NO	7. Chills or Shivers	YES	<input type="checkbox"/> NO
3. Sore Throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO	8. Fever or temperature higher than 98.6° F or 37.3° C	YES	<input type="checkbox"/> NO
9. Do you and/or your household members currently have or have had any of the above symptoms in the past 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
10. Have you and/or your household members been diagnosed with COVID-19 in the last 30 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
11. Have you traveled outside of Puerto Rico in the past 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
12. Have you been in contact with anybody who has travel outside of Puerto Rico in the past 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

## CLIENT SIGNATURE

By signing I certify as true each previous statement:

\_\_\_\_\_  
Client Signature or Authorized Legal Guardian

\_\_\_\_\_  
Date

## CONTACT INFORMATION

email: [aba@aba.pr](mailto:aba@aba.pr)  
webpage: [www.aba.pr](http://www.aba.pr)  
whatsapp: **Río Piedras** 787-972-1717  
**Condado** 787-631-8980

Facebook: ABA Beauty Lounge  
**Río Piedras** 787-250-8256  
**Condado** 787-721-9221

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