



NEROLI SPA

Med Spa & Beauty Lounge

During the worldwide pandemic, Neroli Med Spa & Beauty Lounge strives to offer our services in the safest environment possible. We require our patients to be active participants in our efforts to stem the disease.

For Everyone's Safety

- Appointment times will be staggered to reduce waiting time exposure as well as patient-to-patient exposure. Please do not enter the spa more than 10 minutes prior to your appointment. If you are running late, please call us so we can adjust your appointment time accordingly
- We are limiting appointment capacity
- All patients are asked to Sanitize Hands the Hand Sanitizing Station at the Front Desk
- Any patient may request a face mask to wear during your visit
- After checking in, patients will be directed to a waiting area or treatment room maintaining Social Distancing rules
- Payment for services will be no-contact, with all charges posted to your credit card on file. Please confirm the credit card to be charged when making your appointment
- All patients will exit at our main door one at a time in order to enforce 6-foot social distancing rules
- All treatment rooms, common areas and restrooms will be sanitized and disinfected – including the use of UV-C light systems – after each use

Please answer each question, sign below, and return to us prior to your appointment.

If you answer YES to any of these questions we will not be able to provide a service at this time and we will offer to reschedule for a later date.

1. Do you have a cough, fever, body aches or shortness of breath? Yes ___ No ___
2. Do you have Sore Throat or any flu like symptoms? Yes ___ No ___
3. Have you noticed a loss of smell or taste? Yes ___ No ___
4. Have you or anyone in your household traveled overseas or outside Central Virginia in the past 5 weeks.
5. Have you been tested for COVID Yes ___ No ___
If YES, have you gotten your test results? Yes ___ No ___
6. Have you had any contact with anyone that tested positive or been around someone who was not tested but had flu like symptoms the past 6 weeks? Yes ___ No ___

Patient/Client Name

Patient/Client Signature

Date