

INFORMED CONSENT FOR COVID-19

With the advent of the novel corona virus (Covid-19) pandemic, we have added this form for both you the client and us the technician/beauty expert to both be aware of the added precautions we have taken to protect all of us in this current situation by following CDC guidelines. Safety is our #1 Priority. Below are our specific guidelines:

I _____ (the client) consent to the procedure of _____.

Please circle is you have had any of these symptoms in the past 30 days. Symptoms may include:

Fever	Dry Cough	Shortness of Breath	Muscle pain
High Temperature	Bluish lips or face	Cough	Sore Throat
Fatigue	Loss of sense of smell	Loss of sense of taste	Chills

Other less common symptom that have been reported:

Nausea	Vomiting	Diarrhea	...any other symptoms?
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IF REQUIRED BY LAW FILL OUT THE CLIENTS TEMPERATURE AND LIST BELOW:

My current Temperature is _____ on this date of _____. Initial x _____

X _____ I understand that carriers of COVID-19 may not show symptoms but may still be highly contagious.

X _____ I understand that based on what is known about COVID-19, the spread is thought to occur mostly from person -to-person via respiratory droplets among close contact. This spread can be 6 feet (more or less).

x _____ I confirm that I do not display or currently have any of the symptoms that are listed above.

X _____ I have not been around anyone that has been diagnosed with COVID-19 in the past 30 days, nor have I been out of the country in the past 30 days.

X _____ My technician/ service provider is not liable for my exposure to the COVID-19 or any other viral disease or other disease or disorders.

X _____ I understand that other people have been in this room. The room and equipment have all been disinfected prior to and post procedure with a hospital grade disinfectant following manufactures directions.

X _____ If you are receiving a PMU Procedure - All of the supplies used are single, sterile 1 time use and will be disposed of properly. All needles are disposed of in our Sharps container.

X _____ As your service provider, I currently hold a valid 'Blood Borne Pathogen' Certificate (BBP). This certification is mandatory through our county/state licensing board and is an annual class certification. You have seen this certificate.

X _____ In signing this agreement, I acknowledge and represent that I have read this entire WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT. I agree with it, understand it and have voluntarily signed each statement. I am over the age of 19 years old and am requesting this elective service/procedure. We have the right to refuse service to anyone per our discretion.

Client Signature _____ Please Print Name _____ Date of Procedure/Service _____

Technician Signature _____ Please Print Name _____ Date of Procedure/Service _____