

CONSENT FOR TATTOO SERVICES DURING COVID 19 PANDEMIC

Print your name: _____ temp taken at front door of my office. _____ .date: _____

Please initial the questionnaire the night before you come in for your appointment. Your temperature will be taken at the door before entering the room. The front door will be open for you. Hand me this form and sanitize your hands before coming in.

I understand that the novel coronavirus causes the disease known a COVID-19. I understand the novel coronavirus has a long incubation period during which the carriers of the virus may not show the symptoms and may still be contagious _____.

I understand that air can contain the aerosols for up to 3 hours in a contained room. ____ I understand that physical distancing of 6 feet may not be possible while in the studio receiving services. _____

I have been told hard surfaces will be sanitizes before your visit, during your visit and every time a surface is touched. _____

I confirm that I am not currently positive for novel coronavirus. _____

I confirm that I am not waiting for the results of a lab test for the novel coronavirus. _____

I verify that I have not returned to the Central Coast from any country outside of the US, whether y car, air, bus or train in the past 14 days. _____

I verify that I have not been visited by a traveler outside of our county in the last 14 days. _____

I verify that I have nor been identified as a contact of someone who has tested positive for the novel coronavirus or been asked to self-isolate by the SLO Dep ot Health, or any other government agency _____

I understand that I may be unable to proceed with services at Permanent Makeup by Linda if I am deemed unsafe to myself or a staff member. _____

I understand I may not bring children or anyone else who does not have an appointment into the studio _____

I understand Linda Rose will do everything possible to minimize the spread of COVID-19 but will not hold them responsible should I contract the Covid-19 virus. _____

I will immediately notify Linda if I contract the virus within two weeks following my visit. _____

(she will do the same)

I verify that the information I have provided on this form is truthful and accurate. _____

SIGN AND DATE: _____ DATE _____