

MICROBLADIG CARY

INFORMED CONSENT & HEALTH QUESTIONNAIRE

Permanent Makeup Procedures during COVID-19

Thank you for the continued trust in our practice. As the transmission of any communicable disease like the cold or flu, you may be exposed to COVID-19 at any time in any place. Be assured that we have followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our studio and continue to do so.

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our studio, just as you might be at your gym, grocery store, or favorite restaurant. "Social Distancing" nationwide has reduced the transmission of COVID-19. Although we have taken measures to provide social distancing in our studio, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the client, and the permanent makeup artist (Sara) and sometimes other artists/clients/management in the facility at all times. Although exposure is unlikely, do you accept the risk and consent to your permanent makeup procedure?

YES _____ NO _____

If you have been exposed to a communicable disease, you may spread the disease to artist (Sara) other artists/clients/management. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission.

Have you, a family member, or others accompanying you to today's appointment or other recent acquaintances tested positive for or have been diagnosed as having COVID-19 or any other communicable disease?

YES _____ NO _____

Have you, a family member, or others accompanying you to today's appointment or other recent acquaintances have:

- | | | |
|--|-----------|----------|
| • A fever | YES _____ | NO _____ |
| • A cough | YES _____ | NO _____ |
| • Shortness of breath and/or trouble breathing | YES _____ | NO _____ |
| • Persistent pain, pressure or tightness in the chest? | YES _____ | NO _____ |

I understand that if the answer to any of these equations is yes, I will be asked to reschedule today's permanent makeup procedure

Client's Name (Printed)

Client's Signature

Date