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## COVID-19 FORM

With the advent of the novel corona virus (COVID-19) pandemic, we requiring 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.

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).

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.

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

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.

COVID-19 symptoms are : fever, cough, shortness of breath, runny nose, sore throat, chills, body aches, fatigue, headache, loss of taste/smell, eye drainage, congestion.

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

I have not been exposed to someone being tested for COVID-19 or who has symptoms with COVID-19.

I am aware that PMUStudioVA will not perform my procedure if I am between Dose 1 and Dose 2 of the COVID-19 vaccine, have Dose 1 scheduled less than 14 days after my PMU procedure or have received Dose 2 less than 14 days before my PMU procedure.

In signing this agreement, I acknowledge that I have read this entire WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT.

I consent \_\_\_\_\_ or I do not consent \_\_\_\_\_ to a PMUStudioVA intern shadowing my appointment.

\_\_\_\_\_  
INTERN NAME (PLEASE PRINT)

\_\_\_\_\_  
INTERN INITIALS

\_\_\_\_\_  
TIME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT TEMPERATURE

\_\_\_\_\_  
CLIENT NAME (PLEASE PRINT)

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COSMETIC PROFESSIONAL