

**COVID-19**

**ADDITIONAL CONSENT FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Artist: \_\_\_\_\_

Please mark an X next to the following to confirm you are aware of / understand each statement:

- I understand that I will have to wear a face covering for the duration of my studio visit and sanitize my hands \_\_\_\_\_
- I understand that social distancing cannot be maintained during the tattooing process \_\_\_\_\_
- I understand that during the healing process my immune system may be compromised making me more vulnerable to viruses such as Covid-19 \_\_\_\_\_
- I understand that although safety measures are in place, attending my appointment elevates my risk of contracting Covid-19 by merely being in a public environment \_\_\_\_\_
- I understand that Covid-19 has a long incubation period, and can sometimes show no symptoms, and it is therefore not always possible to determine if someone is carrying the virus \_\_\_\_\_

Please answer yes or no to the following questions:

- Have you travelled outside the UK in the last 14 days? Yes / No
- Have you knowingly had contact with anyone with COVID-19 or symptoms of COVID-19 in the last 14 days? Yes / No
- Have you had any of the following symptoms in the last 14 days: Raised temperature, Fever, shortness of breath, a dry cough, runny nose, sore throat or loss of smell taste? Yes / No
- May we contact you in the event that a client or artist becomes ill with COVID-19 within 14 days after your appointment?  
Yes/ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_