BLACK MARKET TATTOOS

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**